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1925



MONTHLY BULLETIN HEALTH DEPARTMENT



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CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 14.

BOSTON, JANUARY, 1925.

No. 1

WINTER INSPECTION OF MILK PLANTS.

In cold weather the bacterial content of milk may be low, and yet conditions in the plant may not be right. The mere presence of winter should not lead the milk-plant operator to relax his surveillance in keeping everything strictly sanitary. The colder atmosphere makes it easier to keep bacteria under control, but a low count does not mean so much now as it does in summer. The neglect of certain factors which are always important from a health standpoint may make the milk less desirable, although on account of the favorable temperature of the air in which it is handled the milk may pass all laboratory requirements.

For instance, the strictest vigilance should be maintained to see that milk does not leak through valves before it has been held long enough in the pasteurizer. Leaky valves may thwart in a large measure the purpose of pasteurization. Pipes and other equipment through which the milk passes should also be tight and free from leakage. All apparatus should be cleaned and sterilized regularly.

Special attention should be paid to bottle and can washing machines. They should be inspected regularly to see that sprays are not clogged, that worn or broken brushes are replaced, that the alkali solutions are of proper strength, and that sufficient heat is being applied.

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The temperature of pasteurization is fundamentally more important than any of the other points mentioned. It is imperative to have the temperature under control, so that it will always be right. Assurance should be had that the thermometers in use are correct and that the required temperature is regularly maintained throughout the holding period. In deciding upon the temperature to be required, health authorities usually allow for mechanical variations and provide a safety zone, but in setting a standard they assume that pasteurizing equipment, especially thermometers, will be kept in order. Without attention to this matter any requirement loses much of its value as a protective measure.— (*U. S. D. A.*)

HEALTH CONDITIONS IN BOSTON DURING THE YEAR 1924.

Births and Deaths.

(The figures include residents and nonresidents.)

	YEAR.		
	1924.	1923.	1922.
Number of deaths (all causes).....	10,933	11,503	11,423
Death rate per 1,000 population.....	14.07	14.93	19.95
Live births.....	19,700	19,020	18,552
Birth rate per 1,000 population.....	25.36	24.69	24.28
Infant deaths.....	1,470	1,569	1,720
Infant mortality rate.....	74.62	82.5	92.7
Deaths of mothers due to pregnancy.....	145	137	156
Death rate per 1,000 live and stillbirths.....	7.1	7.0	8.1
TOTAL DEATHS FROM			
Heart disease.....	1,741	1,880	1,765
Cancer.....	1,189	1,142	1,123
Accidental and violent deaths.....	785	805	797
Cerebral hemorrhage.....	747	705	644
Nephritis.....	572	649	646
Arterio sclerosis.....	387	404	498
Premature birth.....	375	355	373
Alcoholism.....	204	170	117
Diarrhea and enteritis (under two years).....	164	148	216
Broncho pneumonia.....	541	678	601
Total deaths over sixty years of age.....	3,994	4,265	4,066

The Principal Communicable Diseases with Comparisons for Feb. 15, 1927 the Two Previous Years.

18. cont. SOME COMMUNICABLE DISEASES.	Cases.			Deaths.		
	1924.	1923.	1922.	1924.	1923.	1922.
Typhoid fever.....	101	120	116	16	10	11
Pulmonary tuberculosis.....	1,870	1,683	1,993	669	677	724
Diphtheria.....	2,521	3,257	2,992	168	173	143
Lobar pneumonia.....	1,565	1,311	1,391	480	635	669
Measles.....	4,758	5,023	5,356	44	57	46
Scarlet fever.....	3,910	3,211	1,793	51	58	45
Whooping cough.....	655	2,034	1,567	21	109	84
Influenza.....	127	372	1,887	30	97	66
Anterior poliomyelitis.....	76	48	49	6	10	11
Cerebrospinal meningitis.....	35	35	24	19	22	11
Tuberculosis and other forms.....	382	338	357	125	114	119

Mortality in Boston.

Deaths.—The total number of deaths from all causes during the year 1924 is markedly lower than in 1923 or 1922, in fact the death rate is the lowest for any year but one in the history of the city, that year being 1921.

Infant Mortality.—The infant deaths also show a reduction over previous years and taken together with an increase in the total number of live births gives an infant mortality rate of 74.62, which is the lowest in history; the nearest approach to the infant mortality rate of last year was in 1921 when 77.27 was reached. It is difficult to account for the rise in the infant mortality rate between 1921 and 1924, especially as it occurred in a period during which increasing attention was being paid to infant welfare work. Different factors, including an increase in mortality from congenital defectiveness, have been accountable for the rise.

Boston's actual infant mortality is really more favorable than would appear from the rates just quoted. During 1924, 19 per cent of the children under one year of age who died in the City of Boston were nonresidents of the city whose presence in the city was usually due to the fact that they or their mothers came to Boston for hospital care. The percentage to which Boston's infant mortality is made up of deaths of nonresident infants is much greater than in the case of any other large city in the country. If the percentage of the deaths of nonresident infants was no greater in Boston than in New York, Boston's infant mortality would be among the lowest of any large city in the world.

So far as general causes of deaths in the city are concerned the following may be noted.

Degenerative diseases and the direct or indirect results of infections of the respiratory tract stand out more prominently than ever as the principal causes of death. Deaths from cancer and cerebral hemorrhage reached the highest totals ever recorded. Deaths attributed to nephritis are but slightly under the record for 1921. Notwithstanding the prominence of deaths from degenerative diseases, the actual deaths in persons over sixty years of age show a decrease in comparison with 1923 and 1922. The actual number was about the same as in 1921. Deaths from alcoholism show a decided increase over the previous year, and the continuance of the increase in deaths from this cause which began to manifest itself soon after the enactment of the Volstead Law.

Maternal Mortality.—The number of deaths of mothers who died during pregnancy shows a slight increase over 1923, but is probably without significance, as marked fluctuations have been occurring from year to year in the recorded deaths of mothers during pregnancy.

There may be noticed a similar increase in deaths from premature births as compared with 1923, but as recorded deaths from this cause are also subject to marked fluctuations, the increase during last year has probably no practical significance.

Communicable Diseases.—Recorded deaths from pulmonary tuberculosis during the year indicates that the decrease in the death rate from this disease, which has been noticeable during the past few years, is still continuing.

The number of cases of typhoid fever during the year was about the same as for several years past. There was, however, an increase in the death rate sufficiently great as to give ground for believing that there may be some good reason therefor. As usual, considerable percentage of the cases of typhoid fever were directly traceable to infections outside of the city and the state. A considerable number of the remainder were probably also due to such outside infections, but during the past year, as usual, there have been a certain number of cases which must be attributed to infection within the city. A few of these during the past year have been directly traced to carriers but there is still reason to suspect that a certain number of cases of typhoid fever in Boston every year are due to infection from shell fish dug from flats contaminated intermittently by sewerage containing the bacillus typhosus. Total deaths from lobar and broncho pneumonia, diphtheria, scarlet fever and measles, were lower than for the previous year, but the decrease is not sufficient to indicate any definite

tendency. There was a marked decrease in deaths attributed to whooping cough, a fact which is due to a decided decrease in the prevalence of this disease during the past year after a period of several years of unusual prevalence. In other words, there exists at present a high percentage of immunity to whooping cough among the children of Boston.

Activities for the Promotion of Public Health.

Public Health Promotion Activities.—The Health Department was not called on to deal with any unusual diseases during the year. The methods employed in dealing with ordinary communicable diseases were in the main the established routine procedure of the department. Rabies, among dogs, appears to be on the increase. No human cases occurred during the year but considerable additional work was placed upon the department in an effort to secure anti-rabic treatment for persons who had been exposed to infection. Notable success is being attained through the efforts to educate the police and the public that, if possible, a dog suspected of having rabies should not be killed, but kept alive under observation.

Venereal diseases called for about the same amount of attention as for several years past. It seems impossible to say whether or not the attention which is being devoted to the control of such diseases is having any appreciable affect upon their prevalence. It would seem safe to say, however, that the work of the Health Department in connection with such diseases is resulting in securing better treatment for infected individuals. It becomes more and more evident every year that the manner of reporting, in accordance with state regulations, individuals neglecting treatment is failing to bring infected and really dangerous individuals under proper control during the very period of their greatest infectivity.

The educational work of the department with respect to diphtheria immunization has been actively continued. Schick testing and toxin-antitoxin immunization has been carried on in the parochial schools by representatives of the Health Department. This is the second year during which the work has been carried on in the parochial schools. The result is shown in a very definite and unmistakable reduction in the prevalence of diphtheria among pupils of these schools.

Early in 1924, after conference with the School Department and the medical director of the schools, it was decided that the Health Department put into effect a comprehensive system of Schick testing and toxin-antitoxin immunization in the public schools, working in this matter at first in conjunction with the school physicians and with the idea of withdrawing from the public

schools after the school physicians themselves had acquired the necessary practical experience to carry on the work satisfactorily. Schick tests or immunization has also been systematically carried on by the Health Department at the health units and the child welfare stations throughout the city, as well as in other public and private institutions. It is probably safe to say that today Boston stands second in the country in the proportion of persons who have been given artificially an active immunization diphtheria. The following table will serve to indicate the extent of the activities of the Boston Health Department in this direction up to date.

SCHICK TOXIN-ANTITOXIN DIPHTHERIA PREVENTION ACTIVITIES.

PAROCHIAL SCHOOLS AND INSTITUTIONS.								
Tests.	Readings.	Positive.	Positive. Combined.	Pseudo.	Negative.	1st T. A.	2d T. A.	3d T. A.
37,893	35,304	16,130	1,973	4,758	12,443	17,044	15,077	13,809
RE-SCHICK PAROCHIAL SCHOOLS AND INSTITUTIONS.								
11,261	10,709	1,350	155	1,666	7,538	1,389	1,200	1,071
PUBLIC SCHOOLS.								
46,382	42,866	21,019	925	2,667	18,255	21,457	20,561	18,742
RE-SCHICK PUBLIC SCHOOLS.								
5,195	4,188	719	62	866	2,541	734	489	431
PRESCHOOL AGE. T. A. T. INJECTIONS.								
267	195	40	2	3	150	2,923	2,511	2,043
GRAND TOTAL.								
100,998	93,262	39,258	3,117	9,960	40,927	43,547	39,838	36,096

Interest in the so-called Dick test and efforts to immunize against scarlet fever have been stimulated by the unusual prevalence of scarlet fever in the city during the last two years. The Health Department has also not only kept in touch with efforts to produce a therapeutic serum for scarlet fever, but has recently joined with the Boston City Hospital in undertaking some extensive experimental work with a view to the practical production of such a therapeutic serum.

THE POULTRY EPIDEMIC.

Early in the month of November the attention of food inspectors detailed on terminal inspection was attracted to the number of birds found in a dead or dying condition upon arrival at this city from the West. In the case of an ordinary shipment it is usual to find about a dozen birds have succumbed to the sicknesses coincident with transportation over long distances. In the latter part of November the number of poultry found dead or dying ran as high as one hundred and fifty to the car.

Preliminary examination led to the belief that this high death rate was caused by a common chicken disease, roup. This disease is characterized by a swollen head, eyes closed, mucous discharge from the nose and mouth, labored breathing, choking noise in throat and lassitude.

About the same time the attention of the inspectors in the Health Department of the city of New York was brought to the large number of diseased live chickens being brought into the New York market, running up to 30 per cent of shipments. Examination was made of the diseased birds, but tests revealed nothing, and the conclusion was that the disease was caused by an unknown filterable virus. Turkeys, ducks, geese, pigeons, mice, guinea pigs and healthy chickens were inoculated. The healthy chickens became sick and within a few days died. None of the other animals were infected. As far as could be learned the disease is known as the European pest which has existed in Europe about five years and is so virulent that hundreds of square miles of territory have been devastated within a short time. New York placed an embargo on eight Western States, North Dakota, South Dakota, Missouri, Indiana, Kansas, Iowa, Nebraska and Illinois. New Jersey followed suit and the publicity of this action caused country-wide excitement with a consequent great upset in the poultry trade.

In Boston an intensive inspection was kept of all poultry arrivals and prompt seizure and condemnation followed where diseased birds were found. More than a dozen suspected specimens were referred to the bacteriological laboratory and smears were taken and cultures made. The European pest was not found. Roup and hemorrhagic septicemia were found. No embargo was deemed necessary on the findings of the laboratory, although there was no let-up in the close inspection.

December 22, 1924, the Secretary of Agriculture at Washington placed an embargo to the effect that no car or premises which had contained shipments of any of the animals, such as chickens, turkeys or geese, found affected with European fowl pest or other similar contagious poultry disease, no coops, containers, troughs or other

accessories used in the handling of such animals, could be used in connection with the interstate movement of healthy animals of the same kind until the said cars, premises, coops, containers, troughs or other accessories had been cleaned and disinfected under the supervision of the Bureau of Animal Industry, United States Department of Agriculture.

In consequence of this order the Health Department of Boston, through its inspectors, has been concerned only with the inspection of the animals. All other activities were taken care of by the federal authorities. At the present time the situation is normal, and the business, so far as Boston is concerned, is carried on in the usual manner. All poultry raised in the New England states, shipped through Boston to New York, is examined for traces of disease.

Memorandum on European Fowl Pest.

The following is an extract from a bulletin recently issued by the office of the Secretary of the United States Department of Agriculture with reference to the existence of the European fowl pest among poultry in the United States:

SYMPTOMS.

The disease is characterized by its extremely infectious nature, rapidly progressing course and high mortality. Conspicuous symptoms are depression and loss of appetite followed by prostration. The comb and wattles usually become purple and sometimes swollen. Sticky exudate may paste the eyelids together, clog the nasal passages and even obstruct the windpipe, causing labored breathing. A greenish yellow diarrhea may be present.

AUTOPSY FINDINGS.

The nasal passage, larynx and windpipe contain some mucous exudate. Blood-stained patches and sometimes blood clots are found in the windpipe. The lungs are usually more or less pneumonic. A hemorrhagic or "blood shot" condition is found on the crop and under the skin in various other parts, sometimes accompanied by a gelatinous exudate. Hemorrhagic spots on the muscle or fat of the heart, on the gizzard fat, on the outer surface of the small intestines and especially on the inner lining of the glandular part of the stomach and gizzard are considered as diagnostic evidence of European fowl pest. Serous fluid is sometimes within the heart sac, or in other cases in the body cavity.

TREATMENT.

Since treatment of affected birds is futile, the aim should be to prevent so far as possible the spread of infection. The first fowls

showing symptoms should be destroyed by a method which would guard against the contamination of the premises. The carcasses should be burned or buried deep. The healthy fowls should be moved to new quarters if possible and carefully watched for signs of disease. Houses and runs should be thoroughly cleaned at frequent intervals and disinfected with carbolic acid in 5 per cent solution. The drinking water may be made antiseptic by adding one-third teaspoon of permanganate of potash to each gallon, a procedure which serves to prevent the spread of disease through the water and also is a convenient means of administering an internal antiseptic.

TIME ELAPSING BETWEEN DATE OF REPORTING
CASES OF PULMONARY TUBERCULOSIS AND
DATE OF DEATH, DURING DECEMBER, 1924.

CLASSIFICATION.	Number.	Percentage.
	Dec.	Dec.
After death.....	9	17.31
Seven days or less.....	5	9.62
Eight to fourteen days, inclusive.....	2	3.85
Fifteen to twenty-one days, inclusive.....	—	—
Twenty-two to thirty-one days, inclusive.....	1	1.92
WITHIN FIRST MONTH.....	17	32.70
Within second month.....	6	11.54
Within third month.....	2	3.85
Within fourth month.....	2	3.85
Within fifth month.....	6	11.54
Within sixth month.....	2	3.85
Within seventh month.....	2	3.85
Within eighth month.....	3	5.77
Within ninth month.....	2	3.85
Within tenth month.....	2	3.85
Within eleventh month.....	1	1.92
Within twelfth month.....	—	—
WITHIN FIRST YEAR PRECEDING DEATH.....	45	86.57
Within second year.....	3	5.77
Within third year.....	1	1.92
More than three years.....	3	5.77
Totals.....	52	100.03

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during December. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.33	3.50	68
Allen, Fred H.....	12.60	3.70	28
Anderson, Oscar A.....	12.73	3.92	10
Antetomasso, Peter.....	12.65	3.90	7
Barry, Michael F.....	12.11	3.60	15
Barron, Clarence W.....	14.08	5.00	18
Bemis, Henry E.....	12.37	3.70	11
Bergmann, John H.....	13.02	4.02	9
Bolio, William.....	12.84	4.22	32
Bowditch, E. F., Estate.....	12.09	3.65	16
Brandley, Thomas J. & P. J.....	12.57	3.85	15
Casey, James D.....	13.34	4.60	14
Cashin, J. F.....	12.39	3.70	32
Cedar Hill Farm, Inc.....	13.36	4.50	15
Chapin, George L.....	12.52	3.80	12
Childs Brothers.....	12.26	3.60	19
Clapp, Frank L.....	13.02	4.00	16
Clark, Levi.....	12.28	3.70	26
Cohen, Benjamin.....	12.40	3.60	28
Converse, Marquis M.....	12.72	3.85	8
Corkery, John H.....	12.26	3.57	74
Creedon, Raymond.....	12.54	3.67	26
Cummings, F. S., Company.....	12.14	3.63	41
Cunningham, Paul.....	12.42	3.55	30
Cusick, William H.....	12.18	3.50	130
Deerfoot Farm Milk Company.....	12.81	3.97	12
Denehy, Timothy.....	13.36	4.38	220
Driscoll, William B., Company.....	12.50	3.77	16
Duggan Brothers.....	12.64	3.70	50
Edgerly, Frank S.....	12.50	3.72	10
Elm Spring Farm Milk Company.....	12.39	3.70	47
English, John, & Son.....	13.01	4.12	16
Feeley, Catherine M.....	12.52	3.70	13
Ferguson, Malcolm D.....	12.48	3.75	28

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Floyd Milk Company.....	12.61	3.85	11
Garfield, Mason.....	14.86	5.10	10
Garvin, Charles E.....	14.02	5.08	54
Giroux, J. R., & Co.....	12.45	3.72	38
Griffin Brothers.....	13.19	4.17	20
Griffin, Joseph L.....	12.67	3.70	13
Gushee, Chester W., & Co.....	12.53	3.81	66
Hagar, J. M., & Sons.....	12.61	3.75	16
Hancock, T. G., Company.....	12.35	3.81	29
Herlihy Brothers Company.....	12.53	3.77	51
Hickey, Martin J.....	12.70	3.85	20
Holden, John E.....	12.76	3.81	31
Holland & Cosgrove.....	12.44	3.61	101
Hood, H. P., & Sons, Inc.....	12.46	3.75	20
Hutchinson, Frank C.....	12.16	3.60	100
Jones, William T., Company.....	12.91	4.05	23
Kendall Brothers Company.....	12.51	3.71	25
Kennedy, Robert, Jr.....	12.88	3.88	94
Kingston, Samuel.....	12.13	3.57	37
Klawe & Freeman.....	13.06	4.07	24
Knapp, George J.....	12.80	3.82	48
Kozlofsky, Fedora.....	13.12	3.95	28
Lang, Michael J.....	12.39	3.72	59
Larsson, Charles.....	12.76	3.70	14
Lincoln Farms, Inc.....	11.92	3.35	10
Lyndonville Creamery Association.....	12.74	3.77	78
Manning, Peter E.....	12.11	3.52	49
Maple Farm Milk Company.....	12.57	3.70	58
McAdams, John F.....	12.37	3.70	97
McKernan, John.....	13.01	4.07	13
Moore, Peter.....	12.77	3.80	91
Munchbach, George.....	12.25	3.65	15
Newton & Pope.....	12.94	4.30	23
Noble, William F., & Sons.....	12.77	3.95	15
Raycraft, Benjamin A.....	12.92	4.27	16
Robinson, Albert J.....	12.33	3.70	24
Robinson, James A.....	12.34	3.46	118
Runkle & Dean.....	14.01	4.85	20
Schuster, Adam.....	12.48	3.60	45
Seven Oaks Dairy Company.....	12.49	3.78	34

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Shick, Jacob.....	13.12	4.12	21
Smith & Lynch.....	12.22	3.55	42
Somerset Farms Milk Company.....	13.42	4.25	9
Sterling Farms Milk Company.....	12.61	3.67	15
Stone, Howard D.....	12.50	3.75	40
Stuart, Wallis E.....	12.84	3.95	9
Sullivan, John D.....	12.73	3.90	19
Sullivan, John L.....	13.30	4.40	24
Turner Centre System, Inc.....	12.64	3.81	38
Vertanian, Gazer.....	12.17	3.67	16
Vartanian, Setrag.....	12.84	3.90	17
Walker Gordon Laboratory Company.....	13.02	4.22	13
Ware, George H.....	12.63	3.77	18
Weiler, E., & Sons.....	12.55	3.56	27
Werner, F., Company.....	13.02	4.18	38
Westwood Farm Milk Company.....	12.53	3.70	16
White Brothers.....	12.60	3.80	25
Whiting Milk Companies.....	12.30	3.68	24
Whittemore, Warner D.....	12.39	3.85	14
Witttemberg & Recks.....	12.06	3.60	30
Wiswall, Granville A.....	12.45	3.77	39
Woodland, Charles L.....	12.60	3.80	18

CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands per Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc....	12.53	3.76	28
The Cloverdale Company.....	Turner Centre System, Inc.,	12.76	3.96	47
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.47	3.91	14
Co-operative Grocery Company,	J. M. Hagar & Sons.....	12.28	3.55	15
Economy Grocery Company....	Whiting Milk Companies...	12.20	3.63	33
First National Stores.....	United Farmers Co-operative Creamery Company and Whiting Milk Companies.	12.92	3.98	12
Morgan Brothers Company....	Morgan Brothers Company,	12.82	4.01	30
M. O'Keeffe, Inc.....	J. M. Hagar & Sons.....	12.48	3.66	20
Rose Tea Company.....	Whiting Milk Companies...	12.36	3.73	82
M. Winer & Co.....	Hyman Winer.....	12.41	3.63	56

PNEUMONIA.

The following is an article issued by the United States Public Health Service, rewritten for the purpose of eliminating technical language.

Ten per cent of the deaths in the United States result from pneumonia. Consumption and heart disease causing one ninth of all deaths are the only diseases outranking pneumonia. In some cities pneumonia is steadily increasing and has surpassed the death rate from consumption. Seventy per cent of cases occur between December and May. It is distinctly a cold weather infection, apparently caused by cold weather. The disease, however, is not caused by cold but because of the fact that cold renders people more susceptible, crowds them together in unventilated places exposed to bad air, and continually breathing an atmosphere in which the germ of pneumonia is present. No age is exempt but the extremes of life, youth and old age, are the most affected. The presence of other diseases renders persons suffering with them an easy prey to pneumonia, because they prepare the soil for the lodgment and growth of the germ by lessening the resistance of the individual. This is especially true of grippe; individuals suffering with this disease are particularly liable to an attack of pneumonia. Any inflammation of the air passages also predisposes to an attack. This includes what is known as an ordinary cold and such diseases of childhood as measles and whooping cough. Practically all children who die during and after an attack of measles die of pneumonia.

Among the things that lessen body resistance and invite an attack of pneumonia may be mentioned, cold, exposure to penetrating winds, wetting of the body, lack of food; fatigue, bad housing and worry, especially when combined with overwork, greatly increase the danger. The overheating of rooms and the habit of wearing heavy underclothes by those persons who work in heated houses also contribute. Promiscuous spitting is probably a large factor in infection and should be avoided. Excessive use of alcohol is a large contributor to this disease, and when the disease occurs in a person who has liberally and continuously used alcohol the result is almost surely fatal.

— *United States Public Health Service.*

HAVE YOU REPORTED ALL BIRTHS?

An appeal is again made to physicians who have attended births in Boston during 1924 and 1925 to report such births to the City Registrar, if they have not already done so. It is most important that such an important matter as a birth should be recorded

forthwith, because of its great value to the individual, not only now but in later years of its life. It assists greatly in handling the infant welfare situation in Boston and is an invaluable aid to reduced mortality statistics for infants. Look over your records for the past year and see if there are births that you neglected to report. The City Registrar will accept them by mail.

SUMMARY OF THE WORK, DECEMBER, 1924.

BUREAU OF ADMINISTRATION.

	Dec.	Nov.		Dec.	Nov.
Hearings authorized	1	1	Personnel:		
Prosecutions ordered	6	10	Leave of absence	1	0
Legal notices	193	207	Temporary employ- ment extended	1	1
Forcible removals	2	1	Temporary employ- ment terminated	1	0
Personnel:			Provisional employ- ment terminated	2	0
Temporary	1	3	Promotions	2	0
Provisional	2	0	Change of rating	0	2
Permanent	9	4	Official visits authorized,	1	0
Resignations	0	2	Transfers	2	0

LICENSES, PERMITS, ETC., ISSUED.

	Dec.	Nov.		Dec.	Nov.
Burial permits	1,129	1,019	Sausage licenses granted,	2	0
Milk licenses	185	174	Undertakers' licenses re- newed	3	1
Pedlers' licenses granted,	16	32	Denatured alcohol li- censes	15	14
Hen licenses granted	17	9	Manicure-massage:		
Stable hearing	1	1	Granted	64	76
Stable permits granted	2	2	Dumps approved	14	3
Stable permits granted provisionally	3	2	Dumps disapproved	1	2
Stable rights revoked	1	0	Lying-in Hospitals li- cense approved	2	3
Hen license refused	0	1			
Poultry licenses granted,	17	9			

BUREAU OF COMMUNICABLE DISEASES.

	Dec.	Nov.		Dec.	Nov.
Visits:			Medical inspectors' ac- tivities:		
By medical inspectors,	1,135	987	Schick tests	3,439	3,770
By veterinarian	121	157	Schick readings	3,070	1,854
By investigator	305	362	Toxin-antitoxin injec- tions	2,806	2,923
By nurses	3,320	3,460	Vaccinations	25	34
Cases brought to Boston for treatment	93	82	Antitoxin injections	6	10
Deaths investigated	19	35			
Nurses' Schick activities,	9,315	8,547			

MEDICAL DIVISION.

HEALTH UNIT (Blossom Street).

	Dec.		Dec.
HEALTH DEPARTMENT:		Child Hygiene Division:	
Work Performed by Medical Inspector:		Number of conferences . . .	8
Visits made by medical inspector in the district . . .	44	Conference attendance . . .	366
Vaccinations performed by medical inspector . . .	14	New babies at conferences, . . .	43
Number of vaccination certificates issued . . .	10	Home visits to babies . . .	1,206
Antitoxin, antityphoid, Schick tests, and toxin-antitoxin administered . . .	10	Children of school age examined . . .	160
Number of children examined for camps and day nurseries . . .	15	COMMUNITY HEALTH ASSOCIATION:	
Dental Service:		General Division:	
Number of operations . . .	850	Home visits by nurses . . .	979
Number of dismissals . . .	142	Posture Clinics:	
Number of children treated, . . .	125	Number of clinics . . .	9
Nutrition Service:		Attendance	76
Number of conferences . . .	13	BOSTON DISPENSARY:	
Conference attendance . . .	105	Calls by district physician . . .	42
Number of home visits . . .	130	BOSTON SANATORIUM:	
Poster Classes:		Calls made by nurses in the district	886
Number of classes	9	RED CROSS (Home Nursing Classes):	
Attendance	186	Number of classes	3
Cooking Classes:		Attendance	29
Number of classes	2	JEWISH WELFARE CENTER:	
Attendance	13	Nutrition conferences held . . .	1
Nurses' Visits:		Attendance	4
Communicable disease visits by nurses in district	99	Nutrition classes	3
Routine medical inspection of adults (Evening Service), . . .	8	Attendance	77
Miscellaneous:		STATE DEPARTMENT MENTAL DISEASES:	
Complaints of insanitary conditions	6	Habit Forming Clinic:	
Number of persons given health and other information	400	Number of clinics	4
City visitors	10	Attendance	16
Out of city visitors	8	Home visits	38

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, DECEMBER, 1924.

SYPHILIS.

Current cases under investigation December 1, 1924	16
New cases assigned during the month	14
Total	<u>30</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	0
Under treatment	8

Not located:

Search abandoned	7
Under investigation December 31, 1924	15

Total 30

GONORRHEA.

Current cases under investigation December 1, 1924 80

New cases assigned during the month 74

Total 154

DISPOSITION OF CASES.

Located:

Under treatment	5
Placed under treatment	25
Further treatment unnecessary	1

Not Located:

Search abandoned	68
Fraudulent use of name	0
Under investigation December 31, 1924	55

Total 154

SUMMARY.

Current cases under investigation December 1, 1924 96

New cases assigned during the month 88

Total 184

DISPOSITION OF CASES.

Located:

Under treatment	5
Placed under treatment	33
Further treatment unnecessary	1

Not Located:

Search abandoned	75
Fraudulent use of name	0
Under investigation December 31, 1924	70

Total 184

Form letters mailed to above patients 75

Form letters unclaimed returned from post office 39

Form letters accepted by patients 36

Venereal disease complaints:

New cases 12

Under investigation December 1, 1924 7

Disposition of complaints:

Placed under treatment	2
Under treatment	3
Unable to locate	4
No evidence of disease	3
Under investigation December 31, 1924	7
Visits by investigators	368

CHILD HYGIENE DIVISION.

	Dec.	Nov.
Total number of all visits	10,138	9,850
Visits to new cases	1,109	1,897
Visits to old cases	8,263	7,297

Ophthalmia cases:

Visits by Child Hygiene Division	358	328
Infant mortality investigations	79	39
Maternal death investigations	41	59
Cooking classes	7	4
Poster classes	10	3
Baby Conference Stations attended	324	240
Nutritional Conference Stations attended	36	33
Instructive conferences attended	197	174
Special visits	6	8
Dietitian home visits	282	222
Children examined in Parochial Schools	160	133

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	Dec.	Nov.
New reports	4,306	3,488
Stores inspected	4,959	3,933
Sanitary defects remedied	189	155
Complaints at office	38	29
Referred to Sanitary Division	42	10
Milk applicants	114	103
Defects referred Sanitary Division	42	00
Notices to abate nuisances	297	000

Peddlers:

Applications for licenses approved	16	38
Vehicles inspected and approved	497	451
Court cases	8	9
Convictions	3	3
Fines	\$85	\$350
Continued	1	6
Discharge	3	0
Defaults	1	0

Laboratory Examinations:

Bacteriological	18	3
Chemical	2	1

CONDEMNATIONS.

NOT REQUESTED.			
Beef	100 $\frac{1}{4}$ pounds	Pineapples	45 boxes
Chestnuts	199 cases	Turkeys	444 pounds
Chestnuts	2,446 pounds	Flour	40 pounds
Pork	15 $\frac{1}{4}$ pounds	Salt herring	1 keg
Poultry	897 pounds	Olives	12 bottles

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		Miscellaneous	
Cod liver oil	1		1
Fowl	12	CHEMICAL LABORATORY.	
Frankforts	1	Cocoa	2
Shellfish	3		

LIVE STOCK INSPECTION (Brighton Abattoir).

	Dec.	Nov.		Dec.	Nov.
Cattle inspected	578	450	Parts condemned (lbs.) .	4,994	4,163
Calves inspected	1,981	1,434	Animals condemned . . .	8,214	6,339
Swine inspected	5,655	4,455			

DAIRY DIVISION.

	Dec.	Nov.		Dec.	Nov.
Total inspections	1,326	1,044	Inspection of milk plants and licensed dealers .	446	368
Dairies inspected	373	474	Bacteriological examinations	202	154
Scoring above 50 *	268	312	High bacterial counts investigated	10	23
Scoring below	105	162	Country creamery inspections	17	12
With milk rooms	280	298	Sediment test	268	0
Without milk rooms	93	176			
Inactive	10	13			
Total cattle inspected	5,402	6,992			

* Passable mark.

BUREAU OF MILK INSPECTION.

	Dec.	Nov.		Dec.	Nov.
Chemical inspection of:			Milk	609	497
Milk	1,346	1,231	Whiskey	3	3
Vinegar	120	198	Bottles	32	84
Ice cream	90	84	Caps	40	84
Bacteriological examination of:			Oleomargarine	3	0
Beer	1	0	Court cases	16	24
			Fines	\$185	\$415

SANITARY INSPECTION.

	Dec.	Nov.		Dec.	Nov.
Original inspections	1,575	1,488	Complaints	533	468
New reports	1,876	1,886	Court cases	8	5
Reinspections	5,584	6,386	Fines	\$20	\$150
Legal notices served	168	152			

BACTERIOLOGICAL LABORATORY.

	Dec.	Nov.
Diphtheria	1,770	1,269
Tuberculosis	243	268
Typhoid	51	43
Gonorrhea	630	699
Gonorrheal ophthalmia	58	47
Syphilis	1,325	1,317
* Other examinations	70	19
Bacteriological examinations of milk	609	497
Bacteriological examinations of ice cream	90	93

* Malaria, 5; smears for virulence, 5; urine for typhoid, 10; feces for typhoid, 10; dog for rabies, 2; genito urinary T, 13; feces for hookworm, 1; beef, 1; apple pie, 1; potatoes, 1; pea soup, 1; gelatine, 1; sausage, 1; cod liver pill, 1; clams, 1; oysters, 3; hens, 12; smear for T pallida, 1.

CARBON MONOXIDE POISONING.

With the coming of cold weather, it will not be amiss to give a word of warning concerning poisoning by carbon monoxide gas from domestic heating appliances. Such a warning is doubly important on account of a press article which has recently had fairly wide distribution throughout the country, stating that gas heating is prescribed by doctors on account of health. It is necessary to point out that the medical authorities quoted are all in England, and, admitting that the statements attributed to them were as given without modification, it must still be pointed out that the conditions which exist in England do not pertain to America.

The flueless gas heating stove is responsible for most of the poisoning in this country, and of these the so-called "radiant heater" has been found to be the most dangerous. Gas hot plates and cooking stoves cause a certain amount of poisoning, but chiefly when they are used for heating purposes, since the burning is then continued for a number of hours at a time. Gas water heaters also cause some deaths and asphyxiations. Carbon monoxide is especially liable to be formed by the "radiant" heater when the "glowers" are incandescent more than three-fourths of the distance from the top to the bottom. Even the best types of radiant heaters are subject to this condition, while the cheaper types generate CO under almost all conditions of operation.

During the winter of 1922-23 in the state of Ohio, there were 64 deaths and 113 cases of partial asphyxiation. Of these, 41 deaths and 46 asphyxiations were due to heaters, generally of the radiant type. For the winter of 1923-24 there were in the state of Ohio 61 deaths, 42 of which were due to gas heaters. These cases are not taken from newspaper reports, but have been investigated and

authentically traced to CO poisoning by the officers of the State Board of Health. A health officer writes: "I have myself viewed the bodies of a father and mother and four children asphyxiated by a most innocent looking, small type, radiant heater; also the bodies of a bridal couple asphyxiated on their wedding night by a portable radiant heater, that is, one which can be carried around by a bail handle, and having only five clay glowers." Poisonings in Ohio are more than usually significant, since the natural gas widely used in that state contains no carbon monoxide and is nontoxic otherwise.

The most important measure to prevent the occurrence of asphyxiation by gas heaters is an abundant supply of flues to carry off all waste products. The best types are set back in fireplaces which have chimney flues. It is important also to see that the flues are open and have sufficient draft under all weather conditions. Water heaters in bath rooms are particularly dangerous on account of the small size of the rooms, and from the fact that they are kept closed while in use. The instantaneous heaters are especially apt to generate considerable amounts of CO. In an ordinary sized bath room, enough gas can collect within fifteen minutes to asphyxiate the bather. In Ohio this matter has been the subject of consideration by the State Legislature where a bill was drafted providing for the proper designing and construction of gas heaters, for their testing and approval under the State Department of Health, for the fluing and ventilating of all gas heating appliances, and placing on each piece of apparatus a stamp by the manufacturer showing such approval. The bill did not pass, but it indicates the importance attached to such poisoning in Ohio.

In this connection the automobile must not be forgotten as a source of danger, as all internal combustion engines are liable to generate CO, especially when the carburetor is not properly adjusted. Garages should be well ventilated, and have doors that open outward. An engine should never be run in a closed garage and it is especially dangerous to get under the car while the engine is running.

Carbon monoxide has no odor, taste, color, nor irritant action, and can be present in large quantities without being detected by the senses. One tenth of one per cent in the air will cause fatal results in a few hours. It has 300 times the affinity for the blood that oxygen has, and forms a stable compound with hemoglobin in the red blood cells which is not easily broken up. In addition to the acute, there are many cases of more or less chronic poisoning, in which the symptoms may vary from slight discomfort to extreme ill health. A word to the wise is sufficient.

— *Journal of American Public Health Association.*

TO PHYSICIANS.

Have you attended any births during the calendar year 1924, or any previous year, wherein you failed to make a return of the birth to the City Registrar?

Birth registration is of vital importance both for its value to the child and its parents, and for the record of your city in its standing among the cities of the country and the world with respect to its infant mortality rate.

FULL BIRTH REGISTRATION INSURES A LOWER INFANT MORTALITY.

Look over your records and report to the City Registrar any births you have thus failed to report this year.

Please give this matter your immediate attention.

MASSACHUSETTS LAWS RELATING TO REPORTING OF BIRTHS, DISEASES AND DEATHS.

An Act Relative to Reports and Records of Births. (Acts of 1912, Chapter 280.)

Physicians and midwives shall within forty-eight hours after the birth of every child in cases of which they were in charge, mail or deliver to the clerk or the registrar of the city or town in which the birth occurred a notice stating the date and place of birth, giving the street number, if any, the number of the ward in a city and the family name. Failure to mail or deliver the said notice shall be punished by a fine not exceeding twenty-five dollars for each offense.

VITAL STATISTICS, DECEMBER, 1924.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING DECEMBER,
1924, WITH COMPARATIVE FIGURES FOR DECEMBER, 1923.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1924.	1923.	Increase or Decrease.	1924.	1923.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,020	984	+56	15.16	15.01	+.75
Nonresidents deducted.....	851	818	+33	13.15	12.74	+.41
By Age:						
Under one year.....	149	125	+24	2.30	1.95	+.35
One year to four years, inclusive.....	63	42	+21	.97	.65	+.32
Sixty years and over.....	369	375	—6	5.70	5.84	— .14
By Special Causes:						
DEGENERATIVE DISEASES, So Called:						
Apoplexy.....	74	56	+18	1.14	.87	+.27
Arteriosclerosis.....	41	33	+8	.63	.51	+.12
Heart disease.....	152	151	+1	2.35	2.35	—
Nephritis, chronic.....	47	52	—5	.73	.81	.08
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,618	1,526	+92	25.00	23.77	+1.23
b. Registered stillbirths.....	47	55	—8	.73	.86	— .13
Stillbirths per 1,000 births and still- births.....				28.23	34.79	—6.56
c. Deaths of mothers from causes incident to childbirth.....	11	8	+3	.17	.12	+.05
Deaths of mothers per 1,000 births and stillbirths.....				6.61	5.06	+1.55
Deaths of children in first year of life..	149	125	+24	2.30	1.95	+.35
Deaths in first year per 1,000 live births,				92.09	81.91	+10.18
Violence:						
Accidents.....	47	69	—22	.73	1.07	— .34
Homicides.....	1	4	—3	.015	.06	— .04
Suicides.....	10	5	+5	.15	.08	+.07
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	16	19	—3	.25	.29	— .04
Broncho-pneumonia.....	55	60	—5	.85	.93	— .08
Cancer.....	112	113	—1	1.74	1.76	— .02
Cirrhosis of the liver.....	5	3	+2	.08	.05	+.03
Diabetes mellitus.....	15	17	—2	.23	.26	— .03
Diarrheal diseases, children under two years of age.....	8	11	—3	.12	.17	— .05

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, DECEMBER, 1924.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1924.	1923.	Increase or Decrease.	1924.	1923.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 4	5	-1	.06	.08	-.02
	Deaths.. 1	—	+1	.015	—	+.015
Cerebrospinal meningitis.....	Cases.. —	1	-1	—	.015	-.015
	Deaths.. —	1	-1	—	.015	-.015
Diphtheria.....	Cases.. 200	326	-126	3.09	5.08	-1.99
	Deaths.. 10	15	-5	.15	.23	-.08
Influenza.....	Cases.. 14	12	+2	.22	.19	+.03
	Deaths.. 7	6	+1	.11	.09	+.02
Measles.....	Cases.. 227	203	+24	3.51	3.16	+.35
	Deaths.. 15	2	+13	.23	.03	+.20
Pneumonia (lobar).....	Cases.. 169	151	+18	2.61	2.35	+.26
	Deaths.. 65	54	+11	1.00	.84	+.16
Scarlet fever.....	Cases.. 431	420	+11	6.66	6.54	+.12
	Deaths.. 5	6	-1	.08	.09	-.01
Tuberculosis (pulmonary).....	Cases.. 132	127	+5	2.04	1.98	+.06
	Deaths.. 57	56	+1	.88	.87	+.01
Tuberculosis (other forms).....	Cases.. 22	29	-7	.34	.45	-.11
	Deaths.. 6	9	-3	.09	.14	-.05
Typhoid fever.....	Cases.. 13	12	+1	.20	.19	+.01
	Deaths.. 1	1	—	.015	.015	—
Whooping cough.....	Cases.. 80	38	+42	1.23	.59	+.64
	Deaths.. 4	—	+4	.06	—	+.06

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1924 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Circular give it to someone else.

BY the present Declaration of the Rights of the Child, commonly known as the "Declaration of Geneva," men and women of all nations, recognizing that Mankind owes to the Child the best that it has to give, declare and accept it as their duty that, beyond and above all considerations of race, nationality or creed:

- I. THE CHILD must be given the means requisite for its normal development, both materially and spiritually.
- II. THE CHILD that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured.
- III. THE CHILD must be the first to receive relief in times of distress.
- IV. THE CHILD must be put in a position to earn a livelihood and must be protected against every form of exploitation.
- V. THE CHILD must be brought up in the consciousness that its talents must be devoted to the service of its fellow-men.

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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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No. 2

TONSILS AND ADENOIDS.

Parents of children in this part of the country are usually told at some time or another that their children have "adenoids and tonsils" which ought to be removed. When so informed, there is likely to arise in the minds of such parents the question whether the procedure is really necessary. Frequently, when parents yield to the assertions of the doctor or perhaps of a nurse that the removal of tonsils or adenoids is necessary and consent to an operation they do so unconvinced and their skepticism is not infrequently intensified by the continuance, after the operation, of the symptoms of ill health which had been pointed to as evidence of the need of operation.

On the other hand, when a parent declines to act on the advice that the tonsils or adenoids should be removed and sees the supposed evidence of the need of an operation gradually disappear without an operation, he naturally feels justified in believing that the need of operative interference with tonsils and adenoids may be exaggerated even if he does not give expression to some positively uncomplimentary opinion of the value of medical advice in general.

Suppose a parent who has in prospect one or the other of these experiences should ask us to answer categorically whether there be a way of telling in any case that an operation for tonsils or adenoids

is really necessary, what are we to answer? Like many questions, this cannot be truthfully answered yes or no, but we ought to be able to explain satisfactorily that the question cannot be thus answered.

The tonsils are two small glands in the throat. Similar glands in a similar position are found in many animals. This fact alone justifies presumption that they have some definite purpose. In their general makeup they are very much like glands under the skin and fat about the outside of the neck and which sometimes swell up large enough to be felt when one has a cold or which may even grow very large and painful and break down, giving rise to an abscess or running sore. Very similar glands, lymphatic glands, as they are called, are to be found all over the body and connected with what is known as the lymphatic vessels, which besides absorbing certain nutritive material from the digestive organs also serve to take up surface drainage from both the external and internal surfaces of the body.

Under the microscope, the inside of a healthy tonsil would be found to be very like one of these lymphatic glands. In a general way, it may be said that one would find a complex network of blood vessels and lymphatic vessels and a supporting fibrous framework, and open spaces containing chiefly a pulpy material which is known as lymphoid tissue. Associated with such lymphoid tissue is to be found the same kind of little corpuscles that are found in the blood and which are known as white corpuscles to distinguish them from the red corpuscles which give blood its red color. There are different varieties of white blood corpuscles but the variety known as *lymphocytes* is always the most abundant in a healthy lymphatic gland or a healthy tonsil.

Whenever any part of the body is damaged, or whenever dangerous germs or poisonous material gains an entrance anywhere, nature always hurries an extra supply of white blood corpuscles there. They are always actively concerned in repairing damage, in destroying dangerous disease germs and in rendering poisonous material harmless. The destruction of disease germs and of poisonous material brought down into lymphatic glands by the surface drainage, is one of the regular daily duties of lymphatic glands. When a lymphatic gland becomes overtaxed with dangerous material, or is damaged, nature immediately rushes lymph there, carrying reinforcements of white blood corpuscles and in consequence more or less local swelling occurs.

If trouble persists, whether in a lymph gland or elsewhere, an accumulation or overgrowth of lymphoid tissue occurs.

Nature does not take any chances. When the brain feels the

danger signal, it hurries along the white blood corpuscles to establish additional defences, and in early childhood, after the age of two or three years especially, lymphoid tissue, resembling what is to be seen in the inside of a lymphatic gland, develops anywhere very rapidly. For example, if a little smooth glass bead were to be left under a child's eyelid no longer than forty-eight hours, a small local growth of lymphoid tissue would be found to have occurred at the spot. If something occurs, whatever it may be, to cause a more extensive irritation of the inside of the eyelid, the development of lymphoid tissue will be called by an oculist a "follicular conjunctivitis." If nothing more is to be seen in the eyelid than this lymphoid tissue, it is not regarded as a dangerous condition. Dangerous conditions of the eyes will show other symptoms besides a follicular conjunctivitis. But one should be sure that there are no signs of anything else besides the overgrowth of lymphoid tissue. Oculists sometimes fail to recognize the early stage of a very serious eye disease like trachoma, for example, because they do not examine the eyelid carefully enough to see that the follicular conjunctivitis is being produced by an accompanying insidious trachoma.

Adenoids are an overgrowth on a large scale in the back of the nose and upper throat, where a small tonsil normally exists, of substantially the same lymphoid tissue which one sees in a case of follicular conjunctivitis or in the inside of a lymphatic gland. Adenoids mean that there was something happening there which led nature to take extraordinary measures for the local protection of the body there. How serious the local danger may have been, in any particular case, we may be unable to say, but we can certainly say that the adenoids started as a protective measure on nature's part.

So, too, in view of what has already been said about the tonsils, we may be sure that whatever other function the tonsils were designed to perform, they were at any rate expected to help defend the body at that point and destroy dangerous germs and material which local surface drainage might bring to them. Whenever they enlarge, we may also be sure that they are being overtaxed and that nature is trying to increase the body's defences about the throat or mouth. Either enlarged tonsils or adenoids should therefore be regarded primarily as a signal that nature is taking extraordinary measures to protect a child against something which is affecting his health unfavorably. If this something can be discovered and removed, or if it be removed without really being discovered, then the tonsils will rapidly shrink in size or the adenoids will disappear provided something has not happened which will be mentioned later.

Among the crews of the British submarines operating from Gibraltar as a base during the war, enlarged tonsils were almost universal and exceedingly troublesome. No entirely satisfactory explanation for the development of this condition was made, but the condition itself rapidly disappeared on transferring members of submarine crews to duty on other kinds of vessels. Many a doctor who has postponed an operation for the removal of a child's tonsils and adenoids until after a child's summer vacation has then been unable to find anything to operate on.

Enlarged tonsils and adenoids are chiefly associated with child life in the colder climates and they may perhaps be attributable directly or indirectly to the character of the atmosphere which one has to breathe in human habitations in our climate in winter. If the cause which gives rise to enlarged tonsils or adenoids be not removed, the expected benefit to the health of the child from their removal will fail to appear. Benefit from the operation will fail to appear if decayed teeth or other diseased mouth conditions are not first cleaned up, or if anaphylaxis of atmospheric origin, like hay fever; or peculiar poisonous effects of certain foods, food protein sensitivity, as it is called, or a chronic sinusitis, be overlooked.

But tonsils may be overcome in their contest with disease germs and themselves become the site of chronic infection from which poisonous material will be constantly passed on into the body. This is perhaps even more likely to happen with adenoids, for nature really makes a rather poor job with attempts at lymphoid tissue defences back of the nose. Nature may even make trouble by so overdoing efforts at this sort of defence as to interfere with the eustachian tube and promote middle ear abscesses and their complications.

There can seldom be found a good reason for hesitating to remove adenoids when they give rise to symptoms persisting through a summer, but a decision with respect to the removal of tonsils may not be so easy to make. The possibility of an undiscovered cause for enlarged tonsils has to be considered as well as the possibility that the tonsil itself has become diseased and is a focus for infection of the whole body. There is really no sure way of telling definitely until after a tonsil has been removed and cut open, whether or not it is a source of infection. In case of doubt, the best guide in the matter of removal of tonsils is the experienced physician who has had opportunity to observe the general health of a person as well as to watch local throat conditions. Whatever may be the purpose of the tonsils, their removal even if found to be unnecessary, does not seem to be followed by any detrimental effects which we have thus far been able to detect.

There is still another matter which must always be taken into account when considering whether tonsils and adenoids should be removed in a child. In a child whose head is undergoing rapid growth and development, enlarged tonsils and adenoids may by their very presence, by interfering with normal breathing or in some other mechanical way, seriously affect the child's physical development. Such an influence on development is not necessarily confined to the head. But even in the head, not merely the development of the throat, face and jaws may be affected, but the entire cranium and possibly mental attributes as well.

On the whole, therefore, parents have less reason to complain about advice given them regarding the removal of enlarged tonsils and adenoids than of the silence on the part of their medical advisers with respect to practicable ways of preventing such conditions.

THE ANNUAL DINNER MEETING OF THE BOSTON HEALTH LEAGUE.

The annual dinner meeting and election of officers of the Boston Health League was held on Wednesday evening, February 11, at the Hotel Kenmore, with seventy-five people of prominence in public health and welfare work in attendance.

The business meeting preceded the dinner and resulted in the election of the following: President, Dr. Francis X. Mahoney; vice-president, Rev. Fr. George P. O'Connor; secretary, Dr. Merrill E. Champion; treasurer, Dr. Richard G. Wadsworth; executive secretary, Dr. Charles F. Wilinsky.

The following executive committee was elected in addition to the newly elected officers: Dr. Harold DeW. Cross, Director, Forsyth Dental Infirmary; Miss Ruth V. Emerson, Social Service Department, Boston Dispensary; Miss Frances Stern, Director, Dietetic Service, Boston Dispensary; Mr. Roy Cushman, Metropolitan Chapter, Red Cross; Dr. Robert B. Osgood, Harvard Medical School; Dr. Stephen Rushmore, Dean, Tufts Medical School; Miss Florence Patterson, Director, Community Health Association; Miss Bernice Billings, Director, Boston Tuberculosis Association; Mr. Horace Morison, Vice-President, Council Social Agencies; Dr. Joseph A. Cogan, Acting Director, Medical Inspection of Schools.

At the conclusion of the business meeting an excellent dinner was served. Among those seated around the table were: Rev. George P. O'Connor, Vice-President of the league, Prof. and Mrs. Milton J. Rosenau; Dr. David L. Edsall, Dr. Eugene R. Kelley,

State Commissioner of Health; Dr. Robert B. Osgood, Harvard Medical School; Mr. George Phelan, manager, White Fund; Dr. C. Morton Smith, Suffolk Medical Society; Dr. Richard Smith, Harvard School of Public Health; Dr. W. P. Bowers, Editor, "Boston Medical and Surgical Journal"; Dr. and Mrs. Orville Chadwell, Boston University School of Medicine; Dr. John J. Dowling, Superintendent, Boston City Hospital; Mr. and Mrs. Horace Morison; Mrs. Frederick T. Lord, Women's Municipal League; Mr. Frank E. Wing, Boston Dispensary; Dr. Mary E. Lakeman, State Health Department; Miss Wilson and Miss Zouter, Boston Lying-In Hospital; Dr. and Mrs. Lowe, Massachusetts General Hospital; Dr. Fred J. Bailey, Dr. John A. Ceconi, and Mr. Stephen L. Maloney, Boston Health Department; Dr. Edward A. Otis and Miss Bernice Billings, Secretary, Boston Tuberculosis Association; Prof. and Mrs. C. E. Turner, Miss Peabody, Vice-President, Community Health Association, and others.

At the conclusion of the dinner, Father O'Connor, who presided, introduced Dr. David L. Edsall, dean of the Harvard Medical School, who praised the health league for its splendid work. He made the point that the Boston Health League is a pioneer in its work, obtaining as it does efficient results through municipal, philanthropic and educational co-operation.

Dr. Eugene R. Kelley, state commissioner of public health, assured members of the league of the co-operation of the state agencies in its work. He pointed to the excellent results secured in baby hygiene work through the health units.

Mr. George Phelan, manager of the White Fund and representing the Mayor, spoke of the latter's interest in public health and his appreciation of the field of preventive medicine and referred to the suggestions he furnished the trustees of the fund which influenced them greatly in deciding to erect a chain of health units from the income of the White Fund.

Mr. Horace Morison, former executive secretary of the league, alluded to the various developments and progressive improvements in health work in Boston because of the activities of the league in the program it had sponsored.

Dr. Wilinsky, executive secretary, outlined the progress made by the organization during the past year. He first emphasized the purpose of the Boston Health League, made up of thirty-six public and private welfare agencies. It is to promote the greatest possible efficiency and economy in the development and dispatch of public health work and the maximum of service through the close co-operation and co-ordination of the work of the existing public health agencies in the City of Boston. He pointed out the three phases of

the Health League work. First, the organization of the league itself, by the sounding and testing of the sentiment of every individual agency. The second evolution, the tying up of the agencies and the development of fixed principles and ideals; thirdly, the formation of a definite program which had in mind two distinct things: First, the backing up of the municipal health department in the development of a preventive program and second the correlation of all of the public and private health agencies in Boston for the development of a unified program with the avoidance of duplication and waste of effort. He complimented all the agencies, both in and out of the league, who have worked incessantly for the development of its principles and as a result of this correlation enumerated several evidences of the standardization of public health work in Boston and progressive improvement in the work first attempted. He referred to the distinct program carried on both at the Blossom Street Unit and at the new North End White Fund Unit, where a number of constituent agencies of the league are working together for the carrying on of a program which includes pre-natal service, infant and child hygiene, which in itself includes dental service, nutrition service, posture, eye, mental and periodical physical examinations. An important development resulting from the formation of the Boston Health League has been the assumption by the city of baby hygiene conference work, and of the infant and child hygiene stations, and now finally the Boston Health Department has completed arrangements to utilize in this work the pediatric divisions of the Harvard Medical, Tufts Medical and the Boston University School of Medicine. The latter institutions by the program arranged to furnish the highest type of trained pediatric personnel to conduct the infant and child conference work and avail themselves of an opportunity to use these stations for teaching purposes. This assures Boston an infant and child hygiene program superior to any city in the United States, because of the very close tying up with the medical schools. Doctor Wilinsky took advantage of this opportunity to express appreciation and to indorse the splendid co-operation of all health and welfare agencies that are members of the league as well as others who have unhesitatingly contributed in the development of a public health program which bids to give Boston a priority in public health it has enjoyed in many other things closely interrelated to health and welfare.

The American Congress on Internal Medicine will hold its Ninth Annual Clinical Session in Washington, D. C., March 9-14, 1925. Headquarters will be at the Hotel Mayflower.

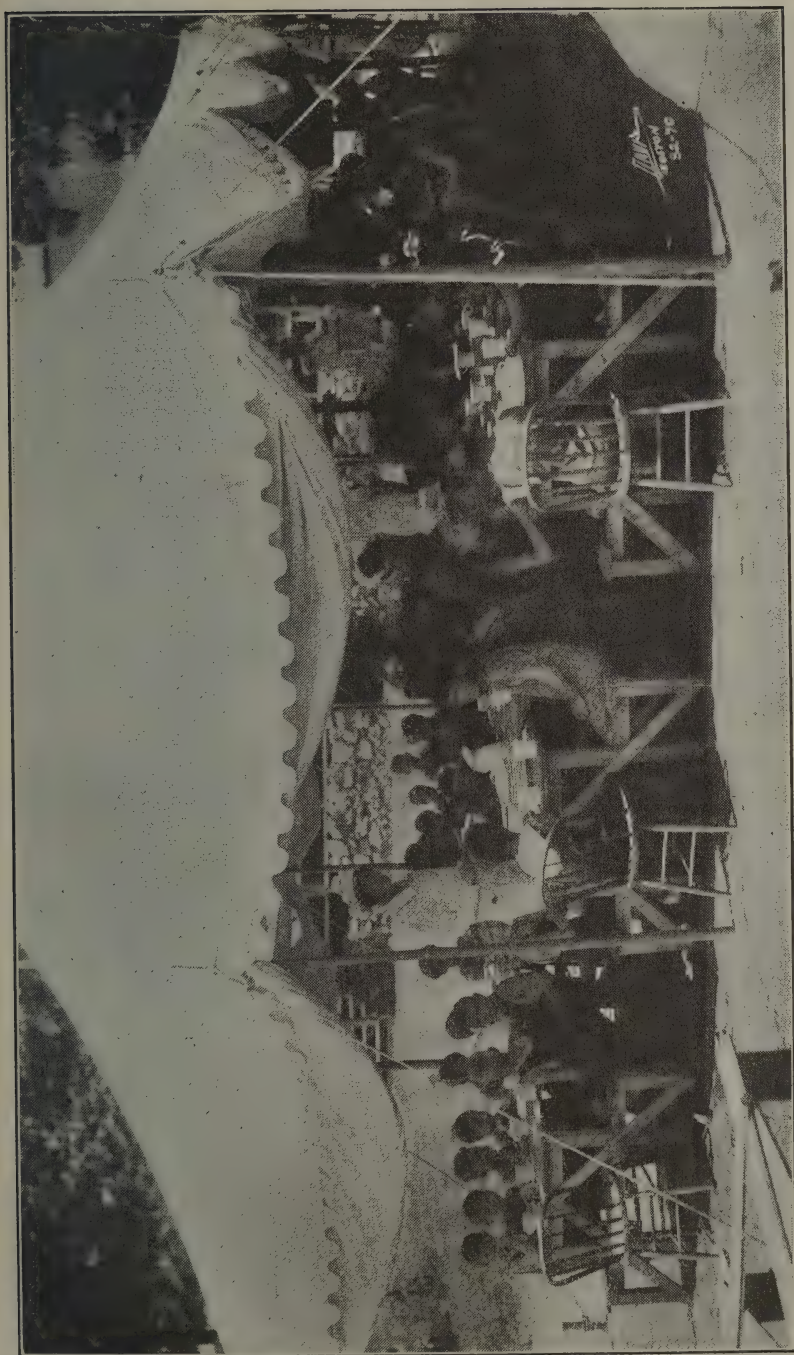
SUMMER HEALTH CAMP AT PRENDERGAST PREVENTORIUM.

The illustration depicts the great event of the day at the Prendergast Summer Health Camp of the Boston Tuberculosis Association. It was hailed by the boys and girls as a grand time to get together and was the rallying time in the middle of the day when the matron and her assistants could account for all the children. At other times they were exercising on the playground, rambling through the groves of the great estate, resting, or gathered in smaller groups listening to story telling, or receiving instruction in the fundamental principles of maintenance of health.

Prendergast Summer Health Camp was an evolution. When the Preventorium was established in the buildings of the old camp for men, it was fitted for occupancy by thirty-two little girls. These were underweight children of from five years to fifteen, whose family history showed an older member of the family affected by consumption. The Preventorium was opened in the spring (1922), and through the summer all went very happily. When it came to be autumn and the schools were beginning to open, a good many parents felt that their children should have school teaching so as to keep up with their playmates, and applications to withdraw the children were made. To meet this need the association secured a discarded voting booth from the city and with a teacher furnished by the School Department opened a school at the camp.

The need of a real schoolhouse led to the building of an addition to the existing buildings in the shape of an open-air schoolroom and this was opened early in 1923. It was eminently successful and has been an example of structures of its kind to the many visitors from far-away. When it came vacation time the school teacher was withdrawn and in her place there was furnished a playground teacher whose work was in the open air. This left the schoolhouse untenanted.

It was a happy thought to use this vacant room for a summer health camp and with an equipment of cots and bedding it served in 1923 to accommodate twelve additional little girls during the heated months. Altogether the experiment was so successful that the Camp Committee began early its plans for a temporary camp in 1924 on a much larger scale. Some \$4,000 was set aside for the purpose and early in the summer a tent camp with capacity for one hundred children, boys as well as girls was opened, which cared for the children during ten weeks. After that time the temporary children returned to their homes and the Preventorium with its thirty odd little girls resumed its usual quiet course.



The temporary camp taught the association a number of things, first among which is the necessity of providing preventorium space for little boys as well as little girls. It is even more necessary, for today these little boys, who received attention during the summer in this way, have absolutely no place to go for proper treatment. If they really showed definite symptoms of tuberculosis, they could find a place, but in the eye of the law they are not sick, although common sense asserts that childhood is the time during which they can most economically and with greatest certainty be set on their feet, so far as health is concerned.

It is therefore the purpose of the Boston Tuberculosis Association to build suitable quarters as a preventorium for little boys. It is hoped that the money raised at the last Christmas sale was sufficient to make this plan a reality. This saving of citizens through building them up in childhood when they show through underweight the signs of impending sickness is one of the greatest and most sensible of all philanthropies.

A LEGISLATIVE PROBLEM.

Massachusetts is confronted with a problem of vital importance to its citizens.

Since the law relating to the practice of medicine was enacted in 1894 efforts have been made to have the laws improved, both for the benefit of our people and to give the Commonwealth standing with the more progressive states.

Our standards are lower than those in forty-two states. We only require a high school preliminary education and graduation from a medical school which gives a four years' course. This permits graduates from several substandard schools to be registered in this state. Connecticut has furnished recent examples of unfortunate conditions due to low standards.

A recess committee of the Legislature, under the leadership of Senator Draper, has been at work on the problems of medical education and licensure and has submitted a report. Appendix C of this report provides that each applicant must submit evidence, in addition to the requirements cited above, that he is a graduate of a legally chartered medical school approved by the Board. This is a vital part of the report. The committee has devoted much time to this work and has shown great interest in the questions involved.

The committee recommendations will be submitted to the Legislature within a very short time. The bill can be enacted if the Legislature finds general support in the electorate. If this support

is not in evidence, the influence in favor of low medical standards will again prevail. There has been, and we expect will be, active lobbying against the bill.

The influence of physicians is not enough to carry the necessary weight. All the low grade schools, cultists and irregular practitioners will be united in opposition in alliance with those uninformed persons who are opposed to scientific medicine.

It is absolutely necessary that senators and representatives must be informed of the situation and the necessity for the enactment into law of the recommendations of the Recess Committee.

For more definite information please confer with Senator Draper.

THOMAS J. O'BRIEN, *Secretary,*
Committee on State and National Legislation of the Massachusetts
Medical Society and the Massachusetts Homeopathic Medical
Society.

The Boston Health Department is heartily in favor of the recommendations of the Recess Committee, which it sincerely hopes will be enacted into law. It means better qualified practitioners of medicine in the Commonwealth which will react to the benefit of all our inhabitants. The people of the Commonwealth should strive through their representatives* and senators for this legislation.

THE MENACE OF QUACK DOCTORS.

"There is no greater menace to the public health than the quack doctor. It is regrettable that the penalty for practicing medicine without a license is not more severe. It is an anomaly that one who steals property is guilty of larceny, for which offence a severe penalty is imposed, while one who robs a person of his health, the most sacred thing in his possession, is guilty only of a misdemeanor."—*The New York Medical Week.*

"What can be more unkind than to communicate our low spirits to others, to go about the world . . . poisoning the fountains of joy? Have I more light because I have involved others in the same gloom as myself? Is it not pleasant to see the sun shining on the mountains, even if we have none of it down in the valley? Oh, the littleness and the meanness of that appetite for sympathy that will not let us keep our sorrows to ourselves! Let us hide our pains and sorrows, but while we hide them, let them also be spurs within us to urge us on to all manner of overflowing kindness and sunny humor to those around us."—*Faber.*

INFLUENZA.

From time to time this winter, local epidemics of influenza have been reported from one foreign country or another, but no more than usual every winter since the great epidemic of 1918. Up to the present, there has been nothing to indicate that influenza was unusually prevalent in this vicinity this autumn and winter.

Influenza and pneumonia always go together. Pneumonia showed a slight increase over its average prevalence in Boston in the early winter, but now pneumonia does not appear to be more prevalent in Boston than is usual at this time of the year. It is to be remembered that last year the number of reported cases of pneumonia in Boston was remarkably low for the whole year.

Pneumonia always increases in prevalence as winter comes on and, in this vicinity, reaches its maximum in March. *Health officials have never yet succeeded in preventing or in stopping an epidemic of influenza. The avoidance of influenza or its consequences is a personal problem, up to each individual.* Influenza is spread by secretions from the mouth and nose. As in other contagious diseases, there is good reason for believing that the secretions from the mouth and nose are dangerous, even before the person realizes that he is sick. Cleanliness with respect to secretions from the mouth and nose is very important, in the prevention of the spread of influenza as well as of similar contagious diseases. The contagion of influenza may be spread by eating with hands contaminated by some other person's soiled hands or handkerchiefs. Imperfectly washed eating and drinking utensils may also spread influenza and other kindred diseases. If dishes in our homes are always washed in boiling water, we would be freer from colds and influenza.

Then, too, we should remember that something besides germs is usually needed to make us sick. Much depends upon our physical condition. Loss of sleep and getting tired makes us take influenza. It is also likely to lead to serious consequences when we get influenza. Doctors learned in the 1918 influenza epidemic that persons who went to bed and stayed there usually got well, while those who kept up and tried to fight their sickness were likely to develop pneumonia and die.

"The most loving act of a mother is to nurse her baby."

"Keep your fears to yourself, but share your courage with others."—*Stevenson.*

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during January. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.28	3.55	15
Allen, Fred H.....	12.56	3.65	13
Anderson, Oscar A.....	12.62	3.90	12
Antetomasso, Peter.....	12.46	3.93	9
Barron, Clarence W.....	14.76	5.35	12
Barry, Michael F.....	12.06	3.52	18
Bemis, Dorothy.....	12.50	3.80	20
Bergmann, John H.....	13.17	4.10	14
Bolio, William.....	12.11	3.55	14
Bowditch, Estate, E. F.....	12.45	3.75	11
Brandley, T. J. & P. J.....	12.28	3.70	10
Casey, James D.....	12.35	3.70	21
Cashin, James F.....	12.56	3.80	39
Cedar Hill Farms, Inc.....	14.20	5.00	14
Chapin, George L.....	12.56	3.75	30
Childs Brothers.....	12.12	3.50	27
Clapp, F. L.....	13.96	4.70	22
Clark, Levi.....	12.38	3.73	16
Cohen, Benjamin.....	12.38	3.50	24
Converse, Marquis M.....	12.93	4.10	22
Corkery, John H.....	12.30	3.60	93
Crowell, Raymond.....	12.42	3.63	28
Cummings, F. S., Company.....	12.09	3.56	14
Cunningham, Paul.....	12.52	3.66	110
Cusick, William F.....	12.44	3.75	59
Deerfoot Farm Milk Company.....	12.67	3.93	14
Denehy, Timothy.....	13.26	4.40	14
Driscoll, William B., Company.....	12.45	3.68	14
Duggan Brothers.....	12.64	3.60	24
Edgerly, F. S.....	12.62	3.97	40
Elm Spring Farm Milk Company.....	12.54	3.73	75
English, John, & Son.....	12.94	4.17	42
Feeley, Catherine M.....	12.57	3.77	113
Ferguson, Malcolm D.....	12.56	3.72	20

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Floyd Milk Company.....	12.42	3.77	10
Garfield, Mason.....	15.06	5.40	60
Garvin, Charles E.....	12.92	4.20	10
Gfroux, J. E., & Co.....	12.47	3.62	26
Griffin Brothers.....	12.82	3.90	21
Griffin, Joseph L.....	12.56	3.66	12
Gushee, W. S. & C. W.....	12.60	3.80	44
Hagar, J. M., & Sons.....	12.34	3.66	12
Hancock, T. G., Company.....	12.30	3.77	12
Herlihy Brothers.....	12.63	3.83	31
Hickey, Martin.....	12.82	3.90	28
Holden, John E.....	12.74	3.77	16
Holland & Cosgrove.....	12.54	3.65	66
Hood, H. P., & Sons, Inc.....	12.47	3.80	23
Hutchinson, Frank T.....	12.32	3.62	208
Jones, William T., Company.....	13.06	4.10	16
Kendall Brothers.....	12.46	3.70	38
Kennedy, R., Jr.....	12.77	3.85	33
Kingston, Samuel.....	13.12	4.25	13
Klawe & Freeman.....	12.87	4.00	24
Knapp, George J.....	12.62	3.71	35
Kozlofsky, Fedora.....	13.38	4.22	37
Lang Brothers.....	12.52	3.70	68
Larsson, Charles.....	12.84	3.75	12
Lincoln Farms.....	12.60	4.20	12
Lyndonville Creamery Company.....	12.64	3.80	40
Manning, Peter.....	12.36	3.90	32
Maple Farm Milk Company.....	12.53	3.70	73
McAdams, John F.....	12.33	3.65	42
McKernan, John.....	13.18	4.17	23
Munchbach, George.....	12.32	3.65	31
Newton & Pope.....	12.56	3.75	16
Noble, William F., & Sons.....	13.22	4.16	22
Raycraft, Benjamin A.....	13.60	4.57	20
Robinson, Albert J.....	12.45	3.75	24
Robinson, James A.....	12.26	3.58	78
Runkle, John C.....	13.48	4.30	20
Schuster, Adam.....	12.42	3.70	16
Seven Oaks Dairy Company.....	12.57	3.80	28

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Shick, Jacob.....	12.77	3.95	82
Smith & Lynch.....	12.14	3.50	38
Somerset Farms Milk Company.....	13.94	4.85	10
Sterling Farm Milk Company.....	12.51	3.57	18
Stone, Howard L.....	12.44	3.70	14
Stuart, Wallis E.....	12.71	3.82	42
Sullivan, John D.....	12.40	3.80	21
Sullivan, John L.....	12.98	4.10	18
Turner Centre System, Inc.....	12.81	3.85	22
Vartanian, Gazar.....	12.00	3.50	17
Vartanian, Setrag.....	12.84	4.00	18
Walker Gordon Laboratory Company.....	12.80	4.00	8
Ware, George H.....	12.82	3.75	20
Weiler, E., & Sons.....	12.56	3.61	38
Werner, F., Company.....	12.80	3.98	26
Westwood Farm Milk Company.....	12.54	3.75	12
White Brothers.....	12.69	3.76	32
Whiting Milk Companies.....	12.13	3.55	47
Whittemore, Warner D.....	12.32	3.70	11
Wittenberg & Recks.....	11.90	3.50	20
Wiswall, Granville A.....	12.27	3.62	29
Woodland, Charles L.....	12.26	3.55	16

CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc....	12.36	3.67	16
The Cloverdale Company.....	Turner Centre System, Inc..	12.81	3.77	18
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.64	4.02	12
Co-operative Grocery Company.	J. M. Hagar & Sons.....	12.52	3.70	17
Economy Grocery Company....	Whiting Milk Companies...	12.17	3.67	34
First National Stores.....	United Farmers Co-operative Creamery Company and Whiting Milk Com- panies.	12.93	3.90	13
Morgan Brothers Company....	Morgan Brothers Company.	12.69	3.90	18
M. O Keffe, Inc.....	J. M. Hagar & Sons.....	12.40	3.67	18
Rose Tea Company.....	Whiting Milk Companies...	12.26	3.70	52
M. Winer & Co.....	Hyman Winer.....	12.30	3.55	20

SUMMARY OF THE WORK, JANUARY, 1925.

BUREAU OF ADMINISTRATION.

	Jan.	Dec.		Jan.	Dec.
Hearings authorized	0	1	Personnel:		
Prosecutions ordered	11	6	Leave of absence	1	1
Legal notices	170	193	Temporary employ-		
Forcible removals	0	2	ment extended	1	1
			Temporary employ-		
Personnel:			ment terminated	0	1
Temporary appoint-			Provisional employ-		
ments	0	1	ment terminated	0	2
Provisional appoint-			Promotions	6	2
ments	2	2	Official visits authorized,	0	1
Permanent appoint-			Transfers	0	2
ments	5	9	Orders issued	5	0
Resignations	1	0	Special drafts	2	0

LICENSES, PERMITS, ETC., ISSUED.

	Jan.	Dec.		Jan.	Dec.
Burial permits	1,241	1,129	Undertakers' licenses re-		
Milk licenses	166	185	newed	0	3
Pedlers' licenses granted,	11	16	Undertaker, relocation	1	0
Hen licenses granted	6	17	Denatured alcohol li-		
Stable hearing	0	1	censes	13	15
Stable permits granted	0	2	Manicure-massage:		
Stable permits granted			Granted	81	64
provisionally	2	3	Dumps approved	18	14
Stable rights revoked	0	1	Dumps disapproved	1	1
Poultry licenses granted,	6	17	Lying-in Hospitals li-		
Grease licenses granted	2	0	cense approved	0	2
Sausage licenses granted,	0	2			

BUREAU OF COMMUNICABLE DISEASES.

	Jan.	Dec.		Jan.	Dec.
Visits:			Medical inspectors' ac-		
By medical inspectors,	1,698	1,135	tivities:		
By veterinarian	167	121	Schick tests	8,514	3,439
By investigator	363	305	Schick readings	6,571	3,070
By nurses	5,104	3,320	Toxin-antitoxin injec-		
Cases brought to Boston			tions	5,126	2,806
for treatment	118	93	Vaccinations	26	25
Deaths investigated	28	19	Vaccination Certificate,	1	0
Nurses' Schick activities,	20,211	9,315	Antitoxin injections	8	6

MEDICAL DIVISION.

HEALTH UNIT (Blossom Street).

HEALTH DEPARTMENT:	Jan.	Child Hygiene Division:	Jan.
Work Performed by Medical Inspector:		Number of conferences . . .	8
Visits made by medical inspector in the district . . .	54	Conference attendance . . .	322
Vaccinations performed by medical inspector . . .	15	New babies at conferences, . . .	38
Number of vaccination certificates issued . . .	5	Home visits to babies . . .	1,031
Antitoxin, antityphoid, Schick tests, and toxin-antitoxin administered . . .	10	Children of school age examined . . .	131
Number of children examined for camps and day nurseries . . .	25	Visits to Parochial School, . . .	6
Dental Service:		COMMUNITY HEALTH ASSOCIATION:	
Number of operations . . .	1,477	General Division:	
Number of dismissals . . .	176	Home visits by nurses . . .	855
Number of children treated, . . .	589	Posture Clinics:	
Nutrition Service:		Number of clinics . . .	9
Number of conferences . . .	12	Attendance . . .	85
Conference attendance . . .	64	BOSTON DISPENSARY:	
Number of home visits . . .	150	Calls by district physicians . . .	40
Poster Classes:		BOSTON SANATORIUM:	
Number of classes . . .	8	Calls made by nurses in the district . . .	962
Attendance . . .	210	RED CROSS (Home Nursing Classes):	
Cooking Classes:		Number of classes . . .	3
Number of classes . . .	2	Attendance . . .	33
Attendance . . .	8	STATE DEPARTMENT MENTAL DISEASES:	
Nurses' Visits:		Habit Forming Clinic:	
Communicable disease visits by nurses in district . . .	121	Number of clinics . . .	5
Routine medical inspection of adults (Evening Service), . . .	4	Attendance . . .	21
Miscellaneous:		Home visits . . .	23
Complaints of insanitary conditions . . .	11		
Number of persons given health and other information . . .	350		
City visitors . . .	15		
Out of city visitors . . .	10		

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, JANUARY, 1925.

SYPHILIS.

Current cases under investigation January 1, 1925 . . .	15
New cases assigned during the month . . .	18
Total . . .	<u>33</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	3
Under treatment	0

Not Located:

Search abandoned	15
Under investigation January 31, 1925	15

Total	<u>33</u>
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GONORRHEA.

Current cases under investigation January 1, 1925	55
New cases assigned during the month	90

Total	<u>145</u>
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DISPOSITION OF CASES.

Located:

Under treatment	7
Placed under treatment	17
Further treatment unnecessary	1

Not Located:

Search abandoned	65
Fraudulent use of name	1
Under investigation January 31, 1925	54

Total	<u>145</u>
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SUMMARY.

Current cases under investigation January 1, 1925	70
New cases assigned during the month	108

Total	<u>178</u>
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DISPOSITION OF CASES.

Located:

Under treatment	7
Placed under treatment	20
Further treatment unnecessary	1

Not Located:

Search abandoned	80
Fraudulent use of name	1
Under investigation January 31, 1925	69

Total	<u>178</u>
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Form letters mailed to above patients	100
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Form letters unclaimed returned from post office	39
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Form letters accepted by patients	61
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Venereal disease complaints:

New cases	6
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Under investigation January 1, 1925	7
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Disposition of complaints:

Placed under treatment	1
Under treatment	1
Unable to locate	2
No evidence of disease	1
Under investigation January 31, 1925	8
Visits by investigators	398

CHILD HYGIENE DIVISION.

	Jan.	Dec.
Total number of all visits	10,658	10,138
Visits to new cases	1,610	1,109
Visits to old cases	9,048	8,263
Ophthalmia cases:		
Visits by Child Hygiene Division	466	358
Infant mortality investigations	168	79
Maternal death investigations	53	41
Cooking classes	5	7
Poster classes	12	10
Baby Conference Stations attended	276	324
Nutritional Conference Stations attended	31	36
Instructive conferences attended	164	197
Special visits	6	6
Dietitian home visits	510	282
Children examined in Parochial Schools	131	160

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	Jan.	Dec.
New reports	4,292	4,306
Stores inspected	5,084	4,959
Sanitary defects remedied	234	189
Complaints at office	47	38
Referred to Sanitary Division	19	42
Milk applicants	129	114
Notices to abate nuisances	245	297
Peddlers:		
Applications for licenses approved	11	16
Vehicles inspected and approved	482	497
Court cases	2	8
Convictions	2	3
Fines	\$100	\$85
Continued	0	1
Discharge	0	3
Defaults	0	1
Laboratory Examinations:		
Bacteriological	8	18
Chemical	7	2

CONDEMNATIONS.

NOT REQUESTED.			
Apricots	9 pounds	Beef and pork	100 pounds
Barley	2 pounds	Candy	50 pounds
Beef	227 pounds	Beans	400 pounds
		Chickens	33½ pounds

Duck	60 pounds	Lamb	89 pounds
Fruit	20 pounds	Miscellaneous	20 pounds
Figs	15 pounds	Peaches	$\frac{1}{2}$ pint
Frankfurts	1 pound	Pork	112 pounds
Geese	121 pounds	Poultry	458 $\frac{1}{4}$ pounds
Hens	567	Salmon	1 can
Liver	5 pounds	Sugar	18 pounds
Ice cream cones	240	Shrimp	6,912 cans
Sheep casings, hanks	1,220		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		CHEMICAL LABORATORY.	
Chicken	3	Sausages	3
Shrimp	3	Butter	1
Mayonnaise	1	Cholerine	1
Pork	1	Flour	1
		Tomatoes	1

LIVE STOCK INSPECTION (Brighton Abattoir).

	Jan.	Dec.		Jan.	Dec.
Cattle inspected	336	578	Parts condemned (lbs.)	2,370	4,994
Calves inspected	1,649	1,981	Animals condemned	6,836	8,214
Swine inspected	5,063	5,655			

DAIRY DIVISION.

	Jan.	Dec.		Jan.	Dec.
Total inspections	1,028	1,326	Inspection of milk plants and licensed dealers	432	446
Dairies inspected	317	373	Bacteriological examinations	0	202
Scoring above 50 *	275	268	High bacterial counts investigated	3	10
Scoring below	42	105	Country creamery inspections	12	17
With milk rooms	262	280	Sediment test	255	268
Without milk rooms	55	93			
Inactive	9	10			
Total cattle inspected	3,868	5,402			

* Passable mark.

BUREAU OF MILK INSPECTION.

	Jan.	Dec.		Jan.	Dec.
Chemical inspection of:			Flour	1	0
Milk	1,490	1,346	Milk	575	609
Vinegar	72	120	Whiskey	7	3
Ice cream	45	90	Bottles	0	32
Bacteriological examination of:			Caps	0	40
Beer	2	1	Oleomargarine	0	3
Sausage	3	0	Butter	1	0
Tomato	1	0	Court cases	26	16
			Fines	\$350	\$185

SANITARY INSPECTION.

	Jan.	Dec.		Jan.	Dec.
Original inspections	1,461	1,575	Complaints	586	533
New reports	2,067	1,876	Court cases	4	8
Reinspections	6,106	5,584	Fines	\$230	\$20
Legal notices served	149	168			

BACTERIOLOGICAL LABORATORY.

	Jan.	Dec.
Diphtheria	1,627	1,770
Tuberculosis	289	243
Typhoid	64	51
Gonorrhea	649	630
Gonorrheal ophthalmia	85	58
Syphilis	1,707	1,325
* Other examinations	33	70
Bacteriological examinations of milk	575	609
Bacteriological examinations of ice cream	45	90

* Urine for typhoid, 12; feces for typhoid, 12; dog for rabies, 1; genito urinary T, 4; blood for eosinophilia, 4.

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING JANUARY, 1925.

CLASSIFICATION.	Number.	Percentage.
	Jan.	Jan.
After death.....	10	20.41
Seven days or less.....	4	8.16
Eight to fourteen days, inclusive.....	1	2.04
Fifteen to twenty-one days, inclusive.....	2	4.08
Twenty-two to thirty-one days, inclusive.....	2	4.08
WITHIN FIRST MONTH.....	19	38.77
Within second month.....	4	8.16
Within third month.....	2	4.08
Within fourth month.....	2	4.08
Within fifth month.....	1	2.04
Within sixth month.....	0	—
Within seventh month.....	0	—
Within eighth month.....	1	2.04
Within ninth month.....	2	4.08
Within tenth month.....	1	2.04
Within eleventh month.....	2	4.08
Within twelfth month.....	—	—
WITHIN FIRST YEAR PRECEDING DEATH.....	34	69.37
Within second year.....	2	4.08
Within third year.....	2	4.08
More than three years.....	11	22.45
Totals.....	49	99.98

VITAL STATISTICS, JANUARY, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING JANUARY,
1925, WITH COMPARATIVE FIGURES FOR JANUARY, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,123	977	+146	17.21	15.09	+2.12
Nonresidents deducted.....	943	821	+122	14.45	12.68	+1.77
By Age:						
Under one year.....	177	136	+41	2.71	2.10	+.61
One year to four years, inclusive.....	53	45	+8	.81	.69	+.12
Sixty years and over.....	426	352	+74	6.53	5.44	+.09
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	71	70	+1	1.08	1.08	—
Arteriosclerosis.....	45	35	+10	.69	.54	+.15
Heart disease.....	192	149	+43	2.94	2.30	+.64
Nephritis, chronic.....	55	59	—4	.84	.91	— .07
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,152	1,328	—176	17.65	20.51	—2.86
b. Registered stillbirths.....	41	46	—5	.63	.71	— .08
Stillbirths per 1,000 births and still- births.....				34.37	23.48	+.89
c. Deaths of mothers from causes incident to childbirth.....	11	16	—5	.17	.25	— .08
Deaths of mothers per 1,000 births and stillbirths.....				9.22	11.64	—2.42
Deaths of children in first year of life..	177	136	+41	2.71	2.10	+.61
Deaths in first year per 1,000 live births,				153.64	102.40	+51.24
Violence:						
Accidents.....	39	65	—26	.60	1.00	— .40
Homicides.....	1	2	—1	.015	.03	— .015
Suicides.....	9	7	+2	.14	.11	+.03
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	19	19	—	.29	.29	—
Broncho-pneumonia.....	69	64	+5	1.06	.99	+.07
Cancer.....	109	92	+17	1.67	1.42	+.25
Cirrhosis of the liver.....	1	3	—2	.015	.05	— .035
Diabetes mellitus.....	25	11	+14	.38	.17	+.21
Diarrheal diseases, children under two years of age.....	9	13	—4	.14	.20	— .06

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, JANUARY, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 3	3	—	.05	.05	—
	Deaths.. —	—	—	—	—	—
Cerebrospinal meningitis.....	Cases.. 6	3	+3	.09	.05	+.04
	Deaths.. 6	2	+4	.09	.03	+.06
Diphtheria.....	Cases.. 167	321	—154	2.56	4.96	—2.40
	Deaths.. 15	22	—7	.23	.34	—.11
Influenza.....	Cases.. 30	10	+20	.46	.15	+.31
	Deaths.. 11	5	+6	.17	.08	+.09
Measles.....	Cases.. 451	541	—90	6.91	8.36	—1.45
	Deaths.. 13	2	+11	.20	.03	+.17
Pneumonia (lobar).....	Cases.. 239	158	+81	3.66	2.44	+1.22
	Deaths.. 70	55	+15	1.07	.85	+.22
Scarlet fever.....	Cases.. 488	602	—114	7.48	9.30	—1.82
	Deaths.. 8	6	+2	.12	.09	+.03
Tuberculosis (pulmonary).....	Cases.. 176	164	+12	2.70	2.53	+.17
	Deaths.. 59	40	+19	.90	.62	+.28
Tuberculosis (other forms).....	Cases.. 30	29	+1	.46	.45	+.01
	Deaths.. 10	8	+2	.15	.12	+.03
Typhoid fever.....	Cases.. 7	8	—1	.11	.12	—.01
	Deaths.. 1	—	+1	.015	—	+.015
Whooping cough.....	Cases.. 117	52	+65	1.79	.80	+.99
	Deaths.. 4	1	+3	.06	.015	+.045

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Circular give it to someone else.

TO PHYSICIANS AND HOSPITAL MEDICAL OFFICERS.

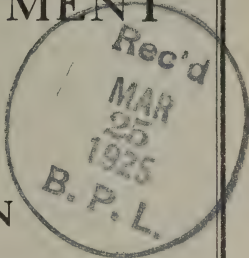
Chapter 46, General Laws.

Section 3. Every physician, or hospital medical officer registered under section nine of chapter one hundred and twelve, in this chapter called officer, shall keep a record of the birth of every child in cases of which he was in charge, showing date and place of birth, the name; if any, of the child, its sex and color, the name, age, birthplace, occupation and residence (including the street number, if any, and the ward number, if in a city) of each parent, the maiden name of the mother and the name of the physician or officer, if any, personally attending the birth. If the child is illegitimate, the name of and other facts relating to the father shall not be set forth except upon written request of both the father and mother. Said physician or officer shall, within fifteen days after such birth, mail or deliver to the clerk or registrar of the town where such birth occurred, a report stating the facts herein above required to be shown on said record and also the said written request, if any; provided, that if said report is not so made within forty-eight hours after such birth, said physician or officer shall, within said forty-eight hours, mail or deliver to said clerk or registrar a notice stating the date and place of the birth, the street number, if any, the ward number, if in a city, and the family name, upon presentation to him of a certificate of the town clerk stating that any such birth has been duly reported, the town treasurer shall pay to such physician or officer a fee of twenty-five cents, for each birth so reported.

Any physician or any such officer violating any provision of this section shall forfeit not more than twenty-five dollars.

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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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BOSTON, MARCH, 1925.

No. 3

METHODS OF TREATMENT IN GAS POISONING.

Recent advances in methods of resuscitating persons unconscious from drowning, gas poisoning or electric shock make advisable special effort to keep the public informed with respect to this matter. Dr. Cecil K. Drinker, Professor of Physiology, Harvard School of Public Health, and Chairman, Resuscitation Commission, American Gas Association, 1921-23, is regarded internationally as an authority on this subject, and in response to a recent request from the Boston Health Department he has given permission to publish the following in the "Bulletin":

"In response to your inquiries relative to the subject of my public lecture on gas poisoning and electric shock, with a demonstration of methods of treatment, I think that a word of further explanation may be desirable. In the fall of the year 1921, at the request of the American Gas Association, I was appointed chairman and was asked to gather a commission to study gas poisoning and to recommend the best methods of treatment. I appointed a commission, national in its scope, and the subject was at once opened with vigor, direct investigative work being carried on in the laboratories of Yale and Harvard Universities, and in the field in New York City, Philadelphia and Boston.

"When our work began there was a general conviction on the part of first-aid agencies, such as gas company rescue crews, police and fire departments, that prone pressure artificial respiration supplemented by the pulmotor—in some regions the lungmotor was favored—offered the best chances for success. Our commission decided, as has been the recommendation in the past, that the prone pressure method of artificial respiration was the best method for that purpose now available. With my associates here in Boston I spent a little over a year working over the question of devices for blowing air or oxygen directly into the lungs of victims. This is what the pulmotor and the lungmotor are intended to accomplish. Without going into details, we came to the conclusion that neither of these devices nor others then in existence could be relied upon for this purpose. I am quite certain that our investigation was wholly impartial and I believe the makers of these appliances would agree to that, however they may dispute our conclusions. The pulmotor has been examined by several scientific commissions of inquiry and has never received a recommendation from such qualified bodies. It has, however, had an extreme degree of newspaper publicity and has gained large sales and vogue as a result. It has never been a highly effective device and can be considered to be completely superseded by the inhalation method of treatment in gas poisoning, which is the one condition thoroughly justifying the use of mechanical appliances for recovery.

"During the two years of our work, Professors Henderson and Haggard in New Haven developed what is known as the inhalation method of treatment for gas poisoning. This consists in giving persons overcome by carbon monoxide, from whatever source, inhalations of a mixture of 95 per cent oxygen and 5 per cent carbon dioxide. The carbon dioxide merely stimulates breathing,* and the high concentration of oxygen promotes the removal of carbon monoxide from the body and re-establishes oxygenation of the blood. It seems impossible to think of a more direct antidote for gas poisoning or one applied in a safer manner. It is true that this inhalation demands special devices in order to give the patient the gas mixture, and rescue crews relying upon such devices and ignorant of artificial respiration by the prone pressure method may lose lives. All those in danger of coming in contact with gas poisoning should be thoroughly instructed in the prone pressure method of artificial

* Carbon dioxide is naturally eliminated from the body by the lungs. Its accumulation in the body from any cause stimulates respiration. When supplied artificially in this mixture with oxygen, in the process of resuscitation, the carbon dioxide serves to stimulate the lungs so that the person begins to breathe naturally more quickly than could be expected if the carbon dioxide were not thus artificially supplied.

respiration. The original inhalator for supplying the new treatment was devised by Professors Henderson and Haggard and examined thoroughly by our entire commission prior to recommending it to the American Gas Association. Following the appearance of this inhalator, two other appliances were submitted to our commission, the last of which was made by the Pulmotor Company. Both of these devices, proving quite adequate for the purpose in view, were approved, and they are officially recommended by the American Gas Association.

"It is difficult for me to see how more careful and fairer consideration of different devices for rescue work could have been obtained, and I feel that agencies which still employ the older appliances, while they may have confidence in them, are undoubtedly in the situation of failing to recognize that improvements can and have been made. It would seem to me that to hold fast to the pulmotor in the face of the work which has been done is about analogous to treating diphtheria by old methods and refusing to use antitoxin. The old methods were, perhaps, of some use, but the new method is incalculably better.

"I trust that this information will prove adequate, and that you and those interested through you will appreciate the reasons for the stand taken in my lecture, namely, that in gas poisoning rescue work demands (1) knowledge of the prone pressure method of artificial respiration, and (2) provision for the administration of the inhalation treatment. Since gas poisoning is not only a home accident but is a common event in fires, garages, etc., all agencies called to meet such emergencies should be trained in this way.

"Electric shock and drowning may receive some benefit from the inhalation treatment, but in these conditions immediate and persistent prone pressure artificial respiration is the life-saving manœuvre *par excellence*."

TRICHINOSIS.

The experience of the Boston Health Department indicates that trichinosis may be a more common condition and may be more often confused with typhoid fever than is generally realized. For the last two years, the department has, for epidemiological reasons, made extraordinary efforts to trace the source of infection in cases reported by physicians as typhoid fever. While these investigations have been undertaken usually for the purpose just stated and without any intention of confirming or disproving the correctness of a diagnosis of typhoid fever reported by a physician, they have nevertheless disclosed the existence of nearly twenty

hitherto unrecognized cases of active trichinosis. Moreover, these cases have been disclosed because of suspicions aroused by the objective symptoms, by puffiness of eyelids or cheeks or an injected conjunctiva, presented by patients whom our medical inspectors have seen in connection with their visits to trace sources of typhoid infection. Recognition of trichinosis in such supposed typhoid cases has led to the discovery of other persons likewise suffering from trichinosis, some of whom had not gone to a physician for relief.

The use of uncooked pork in home-made sausages has figured in our cases, but in two instances the sausages were supposed to have been cooked, and in one of these the sausage was of a kind which is not supposed to contain pork at all.

In this latter instance the victim who had been invited to an evening luncheon at which sausages figured conspicuously, arrived late, after all the cooked sausages had been eaten. One or two of the remaining uncooked supply were therefore especially but evidently insufficiently cooked for the new arrival who developed trichinosis. None of the other members of the party suffered any ill effects from the sausages which they had eaten.

In another instance, in which a group of people were discovered to be suffering from trichinosis, the source of infection was similarly obscured by the information that those affected were but part of a larger group which had partaken liberally of a recently killed hog and home made hog products without ill effects. Finally, it was brought out that the owner of this hog had also purchased a shoulder which had been used in part in making sausages. Then it was recognized that the affected persons were those who had happened to eat these particular sausages. An examination of these sausages revealed the presence of trichinæ.

The mistaking of trichinosis for typhoid fever in the instances which come to our attention may be attributed chiefly to a present-day tendency to think too much about a Widal reaction, especially in what may be regarded as atypical typhoid fever. Effort should, of course be made to secure a blood culture in an early case of typhoid, and it is always a wise precaution at the same time to take blood to have a blood count made, including reference to a possible increase in eosinophils, even if the "atypical typhoid" does not show the cheeks and eyes and "tender spots" so suggestive of trichinosis.

EASTERN SAFETY CONFERENCE.

The Sixth Regional Safety Conference of the year under national safety auspices will be held at Newark, N. J., March 16, 1925.

A FLYLESS HOME IS A CLEAN HOME.

At one time the presence of flies in and about a home was accepted almost as a matter of course. Now, however, they are being placed in a class with other insects and vermin whose presence is a disgrace.

This is the period of the year when a very effective warfare can be made against the fly — at the time when they are breeding. In the fall and winter months they are driven into the house by the cold weather, and those that have not died or been killed off during these months, begin now to hibernate and emerge from their winter's sleep. They should be immediately trapped and destroyed before they escape from the house. By killing these early or first flies of the spring countless generations of millions that would naturally have otherwise followed are effectively disposed of. Fly screens are good protection in the home, but what is actually necessary is the abatement of the fly nuisance by the proper care and disposal of wastes about a household and general cleanliness of premises, and by properly covering and keeping covered articles of food and drink. Avoid exposing food and refuse where flies may be attracted by them. The presence of flies is evidence of uncleanliness, disgraceful to the community and to the individual persons who are responsible for their presence, especially when we know that flies carry disease. The better plan of clean-up is regular and daily cleaning of your premises, and this applies not only to the interior of the house, but to the yards, cellar, passageways, or other areas that are usually not kept as clean as the rooms in a home, and more likely where insects, vermin and rats breed and live.

TYPHOID FEVER — AN ACCIDENT.

A judgment of \$1,130 of a lower court in Illinois was sustained by the Supreme Court of Illinois in a case brought against an accident insurance company by the heirs of a man who died of typhoid fever. The "Mutual Underwriter" makes the following interesting comment on the decision:

It was claimed that the disease was contracted by drinking contaminated water, and that as this was done accidentally the accident policy should be liable. As this was regarded as a dangerous broadening of the accident policy the case was taken to the appellate court and then to the Supreme Court, the lower court being sustained in both cases. The insurance company then petitioned the Supreme Court for a rehearing, which has been denied. As the amount involved is not sufficient to carry the case to the Supreme Court of the United States, this disposes of the matter.

It is claimed that under these conditions the companies will have to revise their accident policies by definitely excluding bacterial diseases caused by reception of germs. Claim men and attorneys say that under this decision any person having an accident policy could collect for typhoid fever, as it is always acquired from germs, and these are received accidentally and not intentionally. They also say that it would be as consistent to sue under an accident policy for pneumonia caused by accidentally catching cold, or for any other disease not contracted intentionally. They hold that under this decision most accident policies will become life insurance policies, and that while the insurance department will not license a company to issue an accident policy covering death from typhoid fever the Supreme Court holds that an accident company must pay such a claim.

CONVENTION, AMERICAN NURSES' ASSOCIATION.

The New England Division of the American Nurses' Association will hold the 1925 convention in Boston June 3-5, with headquarters at the New England Women's Club, 585 Boylston street, Boston, Mass.

The hotels within walking distance of headquarters are: The Brunswick, Copley Square, Copley-Plaza, Lenox, Vendome, Victoria and the Westminster.

The chairman of the Arrangements Committee is Miss Carrie M. Hall, Superintendent of Nurses, Peter Bent Brigham Hospital, Boston, Mass.

LOCAL EXAMINATION OF OYSTERS.

Owing to the publicity given to the typhoid epidemic in the Middle West, alleged to be due to the eating of raw shellfish, particularly the oyster, the regular routine inspection of the industry in Boston was augmented by a careful bacteriological survey of the oysters sold by the wholesale interests and also oysters sold at hotels receiving directly from the grower. The oysters were collected in the shell and in bulk opened. They were scored according to the procedure laid down by the United States Bureau of Chemistry. In the scheme of scoring a sample, those receiving scores over 50 are to be considered seriously contaminated and unfit for human consumption. The following tables give the results on the samples collected to date. At least one visit has been made to each wholesale merchant and hotel, and in some instances more. The various names of the dealers and hotels and restaurants are not given, but the locality in which the oyster was grown has been recorded.

In going over the tables one sees that there were only four instances in which the score has exceeded 50 and that in all such instances the shellfish were stored in a warm place and had been in the hands of the dealer for an unusual length of time. The time held in stock is to be accounted for by the fact that the industry has been very hard hit by the publicity above referred to and the turnover of stock has been far below normal.

TABLE NO. 1.

WHOLESALE DEALERS.	Origin Shell.	Score.	Origin Bulk.	Score.	Remarks.
No. 1.....	Wellfleet....	15	Cape Ann, R. I..	20	
1.....	Wellfleet.....	0	Norfolk, Va.....	50	
2.....	Falmouth.....	0	New Haven, Ct..	30	
2.....	Falmouth.....	0	New Haven, Ct..	5	
3.....	Wellfleet.....	135	Bristol, R. I....	10	Improper storage and age of oysters probably responsible. Previous conditions rectified.
3.....	Cotuit.....	0	Norfolk, Va.....	30	
3.....	Oysterville....	0	Bristol, R. I....	10	
3.....	Falmouth.....	0	Bristol, R. I....	10	
4.....	Wellfleet.....	9	Norfolk, Va.....	10	
4.....	Wellfleet.....	0	Norfolk, Va.....	10	
4.....	Wellfleet.....	5	Barrington, R. I.	30	
5.....	.....	.....	Norfolk, Va.....	0	
6.....	.....	.....	Baltimore, Md..	30	
7.....	.....	.....	Norfolk, Va.....	10	
7.....	.....	.....	Cotuit.....	8	Bulk sold only.
8.....	Wellfleet.....	14	Bristol, R. I....	14	
8.....	Falmouth.....	3	Norfolk, Va.....	20	
9.....	Wellfleet.....	0	Norfolk, Va.....	30	
9.....	Warren, R. I..	3	Norfolk, Va.....	10	

TABLE NO. 2.

HOTELS AND RESTAURANTS.	Origin Shell.	Score.	Origin Bulk.	Score.	Remarks.
No. 1.....	Falmouth...	475	Norfolk, Va....	70	Improper storage. Oysters old.
1.....	Falmouth...	0	Norfolk, Va....	20	Previous conditions rectified.
2.....	Wellfleet...	4	Norfolk, Va....	710	Improper storage.
2.....	Falmouth...	10	Norfolk, Va....	50	Previous conditions rectified.
3.....	Cotuit.....	0	.....	310	Improper storage.
3.....	Cotuit.....	0	.....	50	Previous conditions rectified.
4.....	Chatham...	0	Not handled....	.....	Oysters opened to order.
5.....	Falmouth...	3	Norfolk, Va....	50	

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during February. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.38	3.58	44
Allen, Fred H.....	12.48	3.50	40
Antetomasso, Peter.....	12.33	3.80	11
Barry, Michael F.....	12.01	3.60	32
Barron, Clarence W.....	14.54	5.40	10
Bemis, Dorothy.....	12.42	3.68	108
Bergmann, John H.....	12.96	4.02	26
Bolio, William.....	12.62	3.90	17
Brandley, T. J. & P. J.....	12.39	3.70	25
Casey, James D.....	12.66	4.02	38
Cashin, James F.....	12.40	3.85	114
Cedar Hill Farms, Inc.....	13.64	4.65	20
Chapin, George L.....	12.08	3.50	32
Childs Brothers.....	12.34	3.63	29
Clapp, Frank L.....	12.41	3.56	148
Clerk, Levi.....	12.14	3.60	40
Cohen, Benjamin.....	12.29	3.51	35
Converse, Marquis M.....	13.23	4.25	9
Corkery, John H.....	12.26	3.58	593
Crowell, Raymond.....	12.56	3.70	38
Cummings, F. S., Company.....	12.14	3.56	13
Cunningham, Paul.....	13.39	4.41	33
Cusick, William F.....	12.22	3.60	100
Deerfoot Farm Milk Company.....	12.77	4.03	12
Deneay, Timothy.....	12.82	4.10	60
Driscoll, William B., Company.....	12.31	3.72	12
Duggan Brothers.....	12.60	3.65	30
Edgerly, Frank S.....	12.30	3.65	8
Elm Spring Farm Milk Company.....	12.13	3.60	18
Endicott Farm.....	14.66	5.50	2
English, J., & Sons.....	12.83	3.85	21
Feeley, Catherine M.....	12.32	3.65	68
Ferguson, Malcolm D.....	12.77	3.92	28
Floyd Milk Company.....	12.28	3.73	12

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Furbush, Almon J.....	12.36	3.50	24
Garfield, Mason.....	14.51	5.01	88
Garvin, Charles E.....	13.86	4.85	72
Giroux, J. E., & Co.....	12.29	3.70	162
Griffin Brothers.....	12.92	4.00	12
Griffin, Joseph L.....	12.62	3.70	17
Gushee, W. S., & C. W.....	12.88	3.83	32
Hagar, J. M., & Sons.....	12.48	3.73	15
Hancock, T. G., Company.....	12.27	3.76	85
Herlihy Brothers.....	12.40	3.75	24
Hickey, Martin J.....	12.68	3.90	6
Holden, John E.....	12.62	3.80	32
Holland & Cosgrove.....	12.41	3.60	163
Hood, H. P., & Sons.....	12.45	3.68	94
Hutchinson, Frank T.....	12.38	3.70	16
Jones, William T.....	12.75	3.90	61
Kendall Brothers.....	12.42	3.86	38
Kennedy, Robert, Jr.....	12.83	3.85	75
Kingston, Samuel.....	13.12	4.30	15
Klaw & Freeman.....	12.83	3.90	68
Knapp, George J.....	12.56	3.70	53
Kozlofsky, Fedora.....	13.62	4.20	48
Lang Brothers.....	12.51	3.70	37
Larsson, Charles.....	12.66	3.71	12
Lincoln Farms Milk Company.....	11.88	3.36	276
Lyndonville Creamery Company.....	12.34	3.60	28
Manning, Peter.....	12.74	4.10	60
Maple Farm Milk Company.....	12.50	3.75	526
McAdams, John F.....	12.35	3.71	70
McKernan, John.....	13.20	4.07	27
Millwood Farm, Inc.....	12.45	3.85	11
Munchbach, George.....	12.38	3.70	116
Newton & Pope.....	13.40	4.50	12
Noble, William F., & Sons.....	13.27	4.25	12
Raycraft, Benjamin.....	13.49	4.66	218
Robinson, Albert J.....	12.54	3.90	36
Robinson, James A.....	13.68	5.20	25
Runkle, John C.....	14.14	4.95	126
Schuster, Adam.....	12.47	3.70	16
Shick, Jacob.....	12.61	3.91	160

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Seven Oaks Dairy Company.....	12.54	3.78	32
Smith & Lynch.....	12.02	3.65	61
Somerset Farms Milk Company.....	14.32	5.36	10
Sterling Farms Milk Company.....	12.35	3.57	22
Stone, Howard L.....	12.10	3.60	16
Stuart, Wallis E.....	12.74	3.90	15
Sullivan, John D.....	12.73	3.90	50
Sullivan, John L.....	12.80	4.20	26
Turner Centre System, Inc.....	12.61	3.73	40
Vartanian, Gazar.....	12.14	3.66	26
Vartanian, Setrag.....	12.84	3.96	25
Walker-Gordon Laboratory Company.....	12.99	4.25	3
Ware, George H.....	12.66	3.71	17
Weiler, E., & Sons.....	12.46	3.56	30
Werner, F. Company.....	12.80	3.98	70
Westwood Farm Milk Company.....	12.46	3.67	11
White Brothers.....	12.60	3.77	35
Whittemore, Warner D.....	12.10	3.70	16
Whiting Milk Companies.....	12.18	3.55	36
Wiswall, Granville A.....	12.34	3.70	28
Wittenberg, J., & Co.....	12.00	3.60	60
Woodland, Charles L.....	12.48	3.70	24

CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc.....	12.28	3.67	90
The Cloverdale Company.....	Turner Centre System.....	12.75	3.80	52
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.....	12.69	4.07	15
Co-operative Grocery Company.....	J. M. Hagar & Sons.....	12.34	3.60	17
Economy Grocery Company.....	Whiting Milk Companies.....	12.18	3.66	182
The Ginter Company.....	United Farmers' Co-operative Creamery Company and Whiting Milk Com- panies.....	12.90	3.95	16
Morgan Brothers Company.....	Morgan Brothers Company.....	12.82	3.97	30
M. O'Keeffe, Inc.....	J. M. Hagar & Sons.....	12.40	3.70	29
Rose Tea Company.....	Whiting Milk Companies.....	12.19	3.65	37
M. Winer & Co.....	Hyman Winer.....	12.52	3.60	91

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING FEBRUARY, 1925.

CLASSIFICATION.	Number.	Percentage.
	Feb.	Feb.
After death.....	9	19.57
Seven days or less.....	0	—
Eight to fourteen days, inclusive.....	0	—
Fifteen to twenty-one days, inclusive.....	1	2.17
Twenty-two to thirty-one days, inclusive.....	4	8.07
WITHIN FIRST MONTH.....	14	30.44
Within second month.....	4	8.70
Within third month.....	—	—
Within fourth month.....	1	2.17
Within fifth month.....	6	13.04
Within sixth month.....	2	4.35
Within seventh month.....	1	2.17
Within eighth month.....	1	2.17
Within ninth month.....	3	6.52
Within tenth month.....	—	—
Within eleventh month.....	1	2.17
Within twelfth month.....	1	2.17
WITHIN FIRST YEAR PRECEDING DEATH.....	34	73.90
Within second year.....	1	2.17
Within third year.....	4	8.70
More than three years.....	7	15.22
Totals.....	46	99.99

MASSACHUSETTS CIVIL SERVICE EXAMINATIONS.

**Boston School Physician, School Department, March 25,
1925.**

The salary is \$996 per year. The examination is open to both men and women who are registered Massachusetts physicians.

The duties of this position are to report every school day to the principal of the schools to which they are assigned by the director of medical inspection, to examine all children entering school for the first time, to make an examination and diagnosis of every child returning to school without a certificate from the Health Department or from the attending physician, after absence on account of

illness or from unknown cause and to make such examination and diagnosis of every child who shows signs of ill health or symptoms of communicable or infectious disease, to exercise general supervision on all matters pertaining to school hygiene, and to report to the director of medical inspection in writing any unsanitary conditions in their respective schools or districts, and such other duties as are outlined in the pamphlet issued by the Boston School Department, Department of Medical Inspection, on Duties of School Physicians.

The subjects of examination with their respective weights will be as follows: Training and experience, 4; practical questions on the duties of the position, 3; personality and fitness, as determined by an oral interview, 3; total, 10.

Applicants will be required to obtain at least 65 per cent in each subject of the examination in order to become eligible.

Successful applicants will be required to file a certificate from a reputable physician as to their physical fitness for the position.

SUMMARY OF THE WORK, FEBRUARY, 1925.

BUREAU OF ADMINISTRATION.

	Feb.	Jan.		Feb.	Jan.
Prosecutions ordered	8	11	Personnel:		
Legal notices	186	170	Temporary employ-		
			ment extended	1	1
Personnel:			Temporary employ-		
Provisional appoint-			ment terminated	1	0
ments	0	2	Provisional employ-		
Permanent appoint-			ment terminated	1	0
ments	2	5	Promotions	0	6
Resignations	0	1	Official visits authorized,	1	0
Leave of absence	1	1	Orders issued	0	5
			Special drafts	0	2

LICENSES, PERMITS, ETC., ISSUED.

	Feb.	Jan.		Feb.	Jan.
Burial permits	1,254	1,241	Undertaker, relocation	0	1
Milk licenses	213	166	Denatured alcohol li-		
Pedlers' licenses granted,	38	11	censes	1	13
Hen licenses granted	7	6	Manicure-massage:		
Stable hearing	1	0	Granted	77	81
Stable permits granted	1	0	Dumps approved	5	18
Stable permits granted			Dumps disapproved	0	1
provisionally	0	2	Lying-in Hospitals li-		
Poultry licenses granted,	7	6	cense disapproved	1	0
Grease licenses granted	0	2			

BUREAU OF COMMUNICABLE DISEASES.

	Feb.	Jan.		Feb.	Jan.
Visits:			Medical inspectors' ac-		
By medical inspectors, 1,464	1,698		tivities:		
By veterinarian	135	167	Schick tests	5,368	8,514
By investigator	303	363	Schick readings	6,785	6,571
By nurses	4,618	5,104	Toxin-antitoxin injec-		
Cases brought to Boston			tions	4,731	5,126
for treatment	90	118	Vaccinations	22	26
Deaths investigated	32	28	Vaccination Certificates,	5	1
Nurses' Schick activities, 16,884	20,211		Antitoxin injections	1	8

MEDICAL DIVISION.

HEALTH UNIT (Blossom Street).

	Feb.		Feb.
HEALTH DEPARTMENT:		Child Hygiene Division:	
Work performed by Medical		Number of conferences	7
Inspector:		Conference attendance	324
Visits made by medical in-		New babies at conferences,	37
spector in the district	57	Home visits to babies	1,107
Vaccinations performed by		COMMUNITY HEALTH ASSOCIA-	
medical inspector	9	TION:	
Number of vaccination cer-		General Division:	
tificates issued	5	Home visits by nurses	1,068
Antitoxin, antityphoid,		Posture Clinics:	
Schick tests, and toxin-		Number of clinics	8
antitoxin administered	14	Attendance	65
Number of children ex-		BOSTON DISPENSARY:	
amined for camps and		Calls by district physicians	71
day nurseries	8	BOSTON SANATORIUM:	
Dental Service:		Calls made by nurses in the	
Number of operations	1,036	district	1,056
Number of dismissals	133	RED CROSS (Home Nursing	
Number of children treated,	481	Classes):	
Nutrition Service:		Number of classes	4
Number of conferences	6	Attendance	25
Conference attendance	52	STATE DEPARTMENT MENTAL	
Number of home visits	93	DISEASES:	
Poster Classes:		Habit Forming Clinic:	
Number of classes	10	Number of clinics	4
Attendance	199	Attendance	37
Cooking Classes:		Home visits	52
Number of classes	2		
Attendance	8		
Nurses' Visits:			
Communicable disease			
visits by nurses in dis-			
trict	90		
Routine medical inspection of			
adults (Evening Service),	6		
Miscellaneous:			
Complaints of insanitary			
conditions	11		
Number of persons given			
health and other informa-			
tion	450		
City visitors	10		
Out of city visitors	8		

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, FEBRUARY, 1925.

SYPHILIS.

Current cases under investigation February 1, 1925	15
New cases assigned during the month	17
Total	<u>32</u>

DISPOSITION OF CASES.

Located:	
Placed under treatment	3
Under treatment	4
Not Located:	
Search abandoned	12
Under investigation February 28, 1925	13
Total	<u>32</u>

GONORRHEA.

Current cases under investigation February 1, 1925	54
New cases assigned during the month	65
Total	<u>119</u>

DISPOSITION OF CASES.

Located:	
Under treatment	5
Placed under treatment	15
Further treatment unnecessary	2
Not Located:	
Search abandoned	42
Fraudulent use of name	1
Under investigation February 28, 1925	54
Total	<u>119</u>

SUMMARY.

Current cases under investigation February 1, 1925	69
New cases assigned during the month	82
Total	<u>151</u>

DISPOSITION OF CASES.

Located:	
Under treatment	8
Placed under treatment	19
Further treatment unnecessary	2
Not Located:	
Search abandoned	54
Fraudulent use of name	1
Under investigation February 28, 1925	67
Total	<u>151</u>

Form letters mailed to above patients	75
Form letters unclaimed returned from post office	25
Form letters accepted by patients	50
Venereal disease complaints:	
New cases	9
Under investigation February 1, 1925	8
Disposition of complaints:	
Placed under treatment	1
Under treatment	1
Unable to locate	4
No evidence of disease	1
Under investigation February 28, 1925	10
Visits by investigators	361

CHILD HYGIENE DIVISION.

	Feb.	Jan.
<i>Total number of all visits</i>	11,225	10,658
Visits to new cases	1,467	1,610
Visits to old cases	7,950	9,048
Ophthalmia cases:		
Visits by Child Hygiene Division	423	466
Infant mortality investigations	124	168
Maternal death investigations	1	53
Cooking classes	2	5
Poster classes	10	12
Baby Conference Stations attended	258	276
Nutritional Conference Stations attended	2	31
Instructive conferences attended	195	164
Special visits	19	6
Dietitian home visits	202	510
Children examined in Parochial Schools	0	131

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	Feb.	Jan.
New reports	4,372	4,292
Stores inspected	4,910	5,084
Sanitary defects remedied	183	234
Complaints at office	36	47
Referred to Sanitary Division	9	19
Milk applicants	139	129
Notices to abate nuisances	165	245
Peddlers:		
Applications for licenses approved	43	11
Vehicles inspected and approved	511	482
Court cases	8	2
Convictions	4	2
Fines	\$200	\$100
Continued	4	0
Laboratory Examinations:		
Bacteriological	4	8
Chemical	1	7

CONDEMNATIONS.

NOT REQUESTED.			
Beef	234 pounds	Ice cream cones	23,500
Bread	87 loaves	Milk	24 quarts
Candy	18 pounds	Onions	1 bag
Cake	8 loaves	Pies	11
Corned beef	62 pounds	Pork	52½ pounds
Doughnuts	6 dozen	Potatoes	2 bags
Dates	35 pounds	Poultry	40 pounds
Duck	8½ pounds	Rolls	5 dozen
Frankfurts	5 pounds	Turkeys	7¾ pounds
Ham	5 pounds	Salt herring	875 pounds
Hog	565 pounds	Salt tomatoes	2½ tubs
		Veal	11 pounds _s

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		CHEMICAL LABORATORY.	
Hen	1	Sugar	1
Ham	1		
Sausage	1		
Shoulder	1		

LIVE STOCK INSPECTION (Brighton Abattoir).

	Feb.	Jan.		Feb.	Jan.
Cattle inspected	388	336	Parts condemned (lbs.)	1,341	2,370
Calves inspected	1,683	1,649	Animals condemned	5,966	6,836
Swine inspected	4,181	5,063			

DAIRY DIVISION.

	Feb.	Jan.		Feb.	Jan.
Total inspections	1,021	1,028	Inspections of milk plants and licensed dealers	263	432
Dairies inspected	296	317	Bacteriological examinations	40	0
Scoring above 50 *	266	275	High bacterial counts investigated	8	3
Scoring below	30	42	Country creamery inspections	7	12
With milk rooms	254	262	Sediment test	250	155
Without milk rooms	42	55			
Inactive	157	9			
Total cattle inspected	4,923	3,868			

* Passable mark.

BUREAU OF MILK INSPECTION.

	Feb.	Jan.		Feb.	Jan.
Chemical inspection of:			Ice cream	646	0
Milk	1,966	1,490	Flour	0	1
Vinegar	54	72	Milk	646	575
Ice cream	0	45	Whiskey	8	7
Bacteriological examination of:			Butter	3	1
Beer	0	2	Vinegar	54	0
Sausage	0	3	Court cases	28	26
Tomato	0	1	Fines	\$1,000	\$350

SANITARY INSPECTION.

	Feb.	Jan.		Feb.	Jan.
Original inspections . . .	1,804	1,461	Complaints	559	586
New reports	2,727	2,067	Court cases	3	4
Reinspections	5,370	6,106	Fines	\$1,000	\$230
Legal notices served . . .	194	147			

BACTERIOLOGICAL LABORATORY.

	Feb.	Jan.
Diphtheria	1,548	1,627
Tuberculosis	302	289
Typhoid	49	64
Gonorrhea	632	649
Gonorrheal ophthalmia . . .	70	85
Syphilis	1,438	1,707
* Other examinations	26	33
Bacteriological examinations of milk	646	575
Bacteriological examinations of ice cream		45

* Dog for rabies, 2; genito urinary T., 5; blood for eosinophilia, 4; malaria, 5; virulene tests, 7; dark field examinations, 4; paratyphoids, 2; smear for organisms, 1.

THE SICK INFANT

With indications of illness, such as diarrhea, vomiting, high temperature, eruptions of the skin, nervousness and exhaustion, call in a physician immediately. By pursuing this course serious illness may be avoided. These symptoms may be only of slight consequence, but no time should be lost by the careful mother in enlisting the aid of a physician.

CHILD WELFARE AN INVESTMENT.

The human scrap heap is the despair of the American municipality. It is composed of criminals, invalids, ignorant workers, paupers, degenerates, loafers.

We are beyond the age when this scrap heap of failures can be charged to the individuals which make it up.

It is not a scrap heap of failures but of failure — the failure of the state to protect children — the pitiful waste in the manufacture of citizens from babes.

Child welfare is not a fad or a philanthropy. It is the highest form of business and yields the richest returns to the state.

— *George Fitch, San Francisco Chronicle.*

VITAL STATISTICS, FEBRUARY, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING FEBRUARY, 1925, WITH COMPARATIVE FIGURES FOR FEBRUARY, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,102	985	+117	16.88	15.22	+1.66
Nonresidents deducted.....	945	833	+112	14.48	12.87	+1.61
By Age:						
Under one year.....	144	143	+1	2.21	2.21	—
One year to four years, inclusive.....	72	52	+20	1.10	.80	+.30
Sixty years and over.....	418	357	+61	6.40	5.51	+.89
By Special Causes:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	64	72	—8	.98	1.11	—13
Arteriosclerosis.....	45	28	+17	.69	.43	+.26
Heart disease.....	175	141	+34	2.68	2.18	+.50
Nephritis, chronic.....	49	49	—	.75	.76	— .01
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,464	1,487	—23	22.43	22.97	— .54
b. Registered stillbirths.....	44	49	—5	.67	.76	— .09
Stillbirths per 1,000 births and stillbirths.....				29.18	31.90	—2.72
c. Deaths of mothers from causes incident to childbirth.....	10	9	+1	.15	.14	+.01
Deaths of mothers per 1,000 births and stillbirths.....				7.07	5.86	+1.21
Deaths of children in first year of life..	144	143	+1	2.21	2.21	—
Deaths in first year per 1,000 live births,				98.36	96.16	2.20
VIOLENCE:						
Accidents.....	35	32	+3	.54	.49	+.05
Homicides.....	4	5	—1	.06	.08	— .02
Suicides.....	6	10	—4	.09	.15	— .06
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	14	19	—5	.21	.29	— .08
Broncho-pneumonia.....	101	71	+30	1.55	1.10	+.45
Cancer.....	83	111	—28	1.27	1.71	— .44
Cirrhosis of the liver.....	6	4	+2	.09	.04	+.05
Diabetes mellitus.....	17	15	+2	.26	.23	+.03
Diarrheal diseases, children under two years of age.....	4	6	—2	.06	.09	— .03

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, FEBRUARY, 1925.

				CASES AND DEATHS.		
				ACTUAL NUMBER.		
				RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
				1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:				1925.	1924.	Increase or Decrease.
Anterior poliomyelitis.....	Cases..	1	2	.015	.03	— .015
	Deaths..	1	—	.015	—	+ .015
Cerebrospinal meningitis.....	Cases..	3	4	.04	.04	—
	Deaths..	2	1	.03	.015	+ .015
Diphtheria.....	Cases..	172	319	2.63	4.93	— 2.30
	Deaths..	12	25	.18	.39	— .21
Influenza.....	Cases..	155	14	2.37	.22	+ 2.15
	Deaths..	21	4	.32	.06	+ .26
Measles.....	Cases..	651	767	9.97	11.85	— 1.88
	Deaths..	13	2	.20	.03	+ .17
Pneumonia (lobar).....	Cases..	309	182	4.73	2.81	+ 1.92
	Deaths..	100	57	1.53	.88	+ .65
Scarlet fever.....	Cases..	412	535	6.31	8.26	— 1.95
	Deaths..	11	5	.17	.08	+ .09
Tuberculosis (pulmonary).....	Cases..	152	141	2.33	2.18	+ .15
	Deaths..	58	53	.89	.82	+ .07
Tuberculosis (other forms).....	Cases..	33	19	.50	.29	+ .21
	Deaths..	8	9	.12	.14	— .02
Typhoid fever.....	Cases..	12	12	.18	.18	—
	Deaths..	3	1	.04	.015	+ .025
Whooping cough.....	Cases..	171	50	2.62	.77	+ 1.85
	Deaths..	3	4	.04	.04	—

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Circular give it to someone else.

HOUSEHOLDERS, ATTENTION.

CARE OF HOMES, ROOMS, TENEMENTS, YARDS AND ALLEYS.

IF YOU WISH TO KEEP STRONG AND WELL

Do not spit on the floor.

Do not fail to keep all of the rooms of your tenement in a cleanly condition.

Do not allow children to sleep on the floor.

Do not hesitate to allow the fresh air and sunlight to enter your apartments through open windows. Fresh air in sleeping rooms is necessary to preserve health.

Do not allow anyone to sleep in the kitchen where you cook and eat.

Do not allow members of your household to go to bed with their day clothing on.

Do not allow children to sleep in the same bed with their parents.

Do not keep a lamp burning in your sleeping rooms at night.

Do not allow garbage, grease or other refuse to remain in your tenement.

Do not have any draperies or curtains hung around the windows of your sleeping room.

Do not fail to keep your windows screened, and do not allow flies to remain in the house.

These are timely warnings. Sickness, weakness and death may follow if you do not heed them.

KEEP EVERYTHING CLEAN.

Do not throw garbage, ashes or rubbish into the back yard, upon the sidewalk, street or cellar.

Put garbage in one barrel, ashes into a second barrel, and rubbish into a third barrel. Do not mix.

Do not fill the barrels too full, and keep tightly-fitting covers on the barrels.

Violations of these rules as to garbage and rubbish are punishable by a fine.

See that all rubbish and filth is removed from inside and outside the premises.

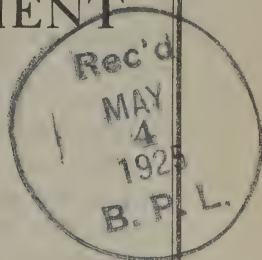
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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*



Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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No. 4

INDIGESTION.*

By FRANCIS W. PALFREY, M. D., BOSTON.

The organic diseases of the stomach, excluding rarities, are three, cancer, peptic ulcer and pyloric stenosis.

At the opposite extreme stand the pure neuroses, in which the symptoms of indigestion are entirely secondary to disorder in the head. But between these extremes, and overlapping both the neuroses on the one hand, the organic diseases on the other, are a series of rather vague types of indigestion in which there are no known changes of pathological anatomy, but in which there is reason to believe that there are real local causes for the discomfort complained of.

In treating such disorders it is of considerable advantage to trace the probable mechanism of the symptoms and to identify, so far as possible, the disorders of function upon which they are based.

The identification of the exact cause of symptoms is not always easy, even after all objective tests including X-ray examinations have been made. But in practical work there are a good many

* Read before the Norfolk South District Medical Society, Norfolk County Hospital, South Braintree, Mass., February 5, 1925, and printed in the *Boston Medical and Surgical Journal*, March 12, 1925.

simple sources of evidence that enable us to obtain a probable understanding of what is wrong, so as to make our management more rational.

In my dealings with dyspeptics I have been led to believe in the following as the three commonest underlying causes of gastric discomfort. 1, deficient or inhibited gastric function; 2, irritated or inflamed mucous membrane; 3 (more or less connected with No. 2), a disturbed state of the stomach in relation to its gaseous contents. These three abnormalities seem to be associated with characteristic symptoms as follows:

Deficient or inhibited gastric function is usually associated with poor appetite, with a sense of weight after eating, and with a tendency to nausea which sometimes leads to vomiting of little-digested food.

Irritated or inflamed mucous membrane, such as was seen a hundred years ago by Beaumont in his patient St. Martin, is strongly suggested as the cause of burning sensations (pyrosis) of various grades up to actual pain and, in extreme instances, of vomiting which is not preceded by nausea and is more or less voluntary for the relief of discomfort.

Disturbance involving the gaseous contents of the stomach has its chief manifestation in a sense of increased pressure within the stomach.

Based upon these three factors it has seemed to me that the following types of "indigestion" can often be recognized among the great confusion of individual varieties.

1. *Gastric asthenia* (a term which I have coined because of the abuse of the expression "gastric neurosis"). This condition seems to be the most usual accompaniment of neurasthenia or fatigue. Its presenting symptoms are disinclination to eat, sense of weight in the stomach after eating, and nausea. The most effectual treatment is apt to be a change of environment, or vacation, which is sometimes immediately curative. Where this is impossible, regulation of the mode of life, so as to relieve worry and overwork on the one hand, and so as to correct physical inactivity on the other, is indicated. The diet should be planned especially to tempt the appetite by means of soups, flavorings and delicacies, in direct contrast to the diet of hyperacidity and ulcer. For medication, bitter tonics, dilute hydrochloric acid and bromids are all of some value.

2. *Chronic gastritis*. This term, in my belief, should be applied to a larger proportion of the cases of indigestion than has hitherto been customary. It has been taught in the past that the diagnosis of gastritis should be made only when excess of mucous is demonstrable in the gastric contents, but this limitation seems to me

unreasonably narrow. At least I can think of no better term for the condition of those patients who complain of sensations of irritation within the stomach which seem to be due to faulty habits of eating or drinking, to alcohol or to the habitual use of irritant drugs, and not to hyperacidity.

Pyrosis which is not always directly related to eating and is unrelieved by alkalis is a common manifestation. To this may be added vomiting unaccompanied by nausea for relief.

The treatment lies in discovering and, if possible, in removing the cause, and also in providing a diet which is as free as may be from irritating qualities. Among the causes are hurried eating of an improper diet, with insufficient mastication; too hot and too cold food and drink; over-use of alcohol and of condiments. I am convinced that in many of these cases the symptoms are prolonged and aggravated by the use of dyspepsia medicines containing strong flavorings, such as pepper-tea, peppermint, ginger, etc., and sodium bicarbonate.

There is an uncertain possibility that catarrhal inflammation similar to catarrh of other mucous membranes may be a factor in some cases.

The role of fermentation is also unsettled. Contrary to the newspaper advertisements, *gas-forming* fermentation is certainly rare, but there are strong suggestions that *irritant-forming* fermentation may be commoner than is generally recognized. In the absence of convenient tests for acetic acid and butyric acid, there is a possibility that these may be commoner in gastric contents than has been taught.

In addition to remedying suggested causes, a diet should be advised which can be described roughly by saying that nothing should be included in it which could not be applied as a poultice to an abrasion or burn of the skin. Thus, salt, spices and coarse foods are to be excluded in favor of milk, cereals, eggs, fresh meats, mashed vegetables, and other bland foods. It is usually better that not more than three meals per day should be taken at intervals of not less than five hours.

In these cases it is sometimes helpful for the patient to sip a glass of normal salt solution containing a teaspoonful of milk of magnesia half an hour before each meal. Other dyspepsia medicines are best discontinued.

Where there are suggestions of fermentation, the intervals between meals should be further lengthened, and there is sometimes improvement on taking sodium benzoate Gr. X after meals.

3. "*Gas on the stomach*" is a common and frequently misunderstood cause of complaint. The gaseous content of the stomach

is nothing but atmospheric air, and a stomach which does not contain air is abnormal. The gas in the stomach, therefore, is not the result of gas-forming fermentation. When a patient complains of gas in the stomach, therefore, and is relieved by belching gas, it means that the stomach is intolerant of the air that is normally in it, and not that there is an excess of gas. This intolerance seems to be due, for the most part, to irritation from chronic gastritis or hyperacidity.

In some patients, especially those with ptosis of the stomach, the desire to belch is a mistaken one, as proved by the fact that in spite of this desire it can be seen by fluoroscope that there is very little gas in the stomach to be raised. In other patients, however, it is probable that there is a variation from normal of the cardiac orifice which makes satisfactory belching difficult. The most effectual treatment of "gas on the stomach" lies in measures to lessen the irritation of the stomach with, in addition, strict precautions against large meals, or against meals which are even of normal bulk. Thus, in addition to treatment of gastritis or hyperacidity, it is well to provide that the patient shall eat six small meals per day, and also that these meals shall be taken dry. The necessary fluid intake is to be made up by water between meals. Explanation that the condition is not due to an internal formation of gas often results in the patient's paying less attention to it.

4. *Hyperacidity* occupies a vague position between the neuroses and peptic ulcer. A certain proportion of the cases are subject to symptoms or free from symptoms according to their environment or mode of life. Others have persistent symptoms not influenced by their habits. The proportion of the cases of hyperacidity which actually have undemonstrable ulcer is disputed.

The characteristic symptoms are a regular recurrence of pyrosis or pain at a regular interval after eating, relieved by alkalis; a sensation that the meal last taken ought to be passed out of the stomach sooner than it is; a consciousness, sometimes acted upon, that vomiting would give relief.

In treatment, a trial should be made of the effect of regulating the mode of life so far as is possible in the direction of calmness. The diet should be one excluding especially substances which are recognized to stimulate gastric secretion, particularly salt, spices and flavorings of all kinds, fried foods, gravies, pastry, etc. In pronounced instances the diet should be given in six or more divisions per day, even up to the diet of gastric ulcer.

Magnesium oxid, calcium carbonate, and bismuth subcarbonate are all of value for the temporary relief of discomfort. Sodium bicarbonate is more effectual than any of these on single occasions

but its use is best limited if a substitute will serve because sodium bicarbonate is probably capable of causing continued irritation.

In typical cases of not too long standing a preparation of bile or bile salts in a form which will pass through the stomach before it is dissolved commonly results in a diminution of the symptoms. Glycotauro tablets (N. N. R.) and "Tabloid" ox-bile in the newer white coating are satisfactory. I have been in the habit of giving nine to twelve of these tablets a day for a week, and then three each morning for a month or more.

5. In *peptic ulcer* the treatment is so standardized that I shall not take time to discuss it except to say that even in ulcer a trial of the bile treatment deserves to be made.

6. In *pyloric stenosis* of pronounced grade from any cause the treatment is surgical unless a brief attempt at systematic lavage and appropriate diet results in prompt improvement. Sometimes while operation is being considered there is a sudden change for the worse which makes operation impossible. Lately evidence has been brought forward that such symptoms may be due to an alkalosis resulting from the excessive use of sodium bicarbonate. Caution against the use of sodium bicarbonate in pyloric stenosis is, therefore, advisable.

7. The treatment of *cancer of the stomach* is either surgical, if there is any reasonable expectation that a satisfactory prolongation of life will result, or the palliative management of a failing condition.

The above headings do not include all examples of gastric disorder. Many instances of neurotic origin represent atypical or combined forms under these classes. An important group with an organic basis is represented in patients who have gastric symptoms which are reflex results of diseases of other organs, notably the gall-bladder. What I have said, however, represents a point of view from which many patients complaining of "indigestion" can be approached with considerable hope of improvement.

ALLEGED DANGERS FROM TETRA ETHYL LEAD IN GASOLENE.

Various chemical mixtures have been added to gasolene with a view to increasing its efficiency. They are commonly referred to as "anti-knock" mixtures. Probably the most efficient addition of this sort which has been devised is ethyl fluid. It is a mixture of an artificial chemical compound known as tetra ethyl lead in combination with certain other chemical compounds. In connection with laboratory experimentation with ethyl fluid a considerable number of accidental cases of fatal poisoning occurred last year. The mental

derangement, or delirium, which was one of the features of the poisoning figured conspicuously in the newspaper headlines and secured widespread public interest in the possible danger of ethyl fluid as an "anti-knock" preparation for gasoline. Naturally, it was assumed that the use of gasoline to which a small amount of ethyl fluid has been added was attended by a danger of poisoning similar to that which caused the death of the laboratory workers. Thereupon the public was further aroused by the statements of college professors, who professed to know, that in addition to whatever other terrifying possibilities ethyl gasoline might possess, the fact that tetra ethyl lead entered into the mixture involved great danger of chronic lead poisoning to the general public which might be exposed to the exhaust of automobiles containing gasoline. On the strength of such assertions the use of gasoline containing ethyl fluid was prohibited in several large cities.

The dangers incident to the manufacture of ethyl fluid with its tetra ethyl lead were recognized from the first. For many years the possible dangers of the exhausts of internal combustion engines have been the subject of elaborate studies by the U. S. Bureau of Mines, in conjunction with other government agencies and large industrial corporations of the country. When the ethyl fluid was devised the studies just referred to were immediately extended in an effort to discover what, if any, new dangers the ethyl fluid might add to pre-existing dangers from an automobile exhaust.

A Government report of the subject appeared very soon after the occurrence above referred to of the cases of poisoning in connection with the laboratory experiments with ethyl fluid.*

The investigation aimed to determine if there were any additional danger to health, (1) in breathing air which contains appreciable concentrations of exhaust gases from engines using ethyl gasoline, and (2) in handling and using raw ethyl gasoline — that is, by inhalation of the vapors or by absorption through the skin. This second phase of the investigation was begun only a short time before the publication of the report herein referred to and not enough data had then been obtained from which to draw conclusions.

Experiments with the exhausts of engines using ethyl gasoline were begun in 1923 and had been carried to a stage which warranted definite conclusions. Not only was the composition of the exhaust of engines using ethyl gasoline chemically analyzed, but for a period of eight months animals were exposed to the exhaust of the engines under more unfavorable conditions than would be likely to occur in actual practice, and finally certain tests were made on human beings who volunteered for the purpose. As the object of the

* Department of the Interior, Bureau of Mines, Serial No. 2661, December, 1924.

investigation was to see if the ethyl fluid added to already known dangers from the exhaust of gasoline engines, a degree of combustion was maintained in the engines which assured no more than what was regarded as a reasonable amount of carbon monoxide in the exhaust.

Under such conditions of combustion in the engines it became apparent that the ethyl fluid was so decomposed in the process of combustion that the only possible danger from the use of the ethyl fluid as an "anti-knock" mixture was the possibility of lead poisoning from the lead entering into its composition. The tests showed that most of this lead was deposited in the form of inorganic compounds of lead, including lead sulphate and oxide, in and about the engine, and never left the exhaust except in the form of heavy particles which would immediately fall to the ground.

The very small amount of lead which left the exhaust in the form of dust-like particles which might possibly remain suspended in the air and be breathed, failed after months of exposure to produce evidence of lead poisoning or lead accumulations in the bodies of animals which were exposed to the exhaust and then killed and examined. Further experiments on human beings as well as animals indicated that in the form in which the lead existed in the air it tended to be exhaled after being inhaled. The experiments were held to justify the conclusions that the common use of ethyl fluid in gasoline as an "anti-knock" preparation involves no increased danger to the public from the exhaust of automobiles. Such amounts of lead which might be taken into people's bodies from this source would be no greater than people might be expected to be able to eliminate without accumulation. It was concluded that the danger of lead poisoning in this way would be inconsequential in comparison with the many other and greater opportunities to take lead into the system by reason of the widespread domestic use of lead in so many ways and forms.

It has been held, however, that the experiments were inadequate to justify the conclusions just stated.*

It should be remembered, also, that this report does not make the already recognized dangers from the exhaust of automobiles any less. Neither does it attempt to answer the question whether the addition of ethyl fluid may not make the handling and use of the raw gasoline to which it has been added more dangerous. Nor should we forget that ethyl fluid is not the only preparation which has been added to gasoline to increase its efficiency. Some organic chemical compounds which are reputed to be used for this purpose are known to be capable of producing chronic fatal poisoning in

* C. K. Drinker and D. L. Edsall in the "Journal for Industrial Hygiene" for February, 1925.

connection with industrial processes in which they are employed. Even gasoline itself, like all the volatile petroleum products, is poisonous when constantly inhaled.

WORK ON NEW HEALTH UNIT TO BEGIN JUNE FIRST.

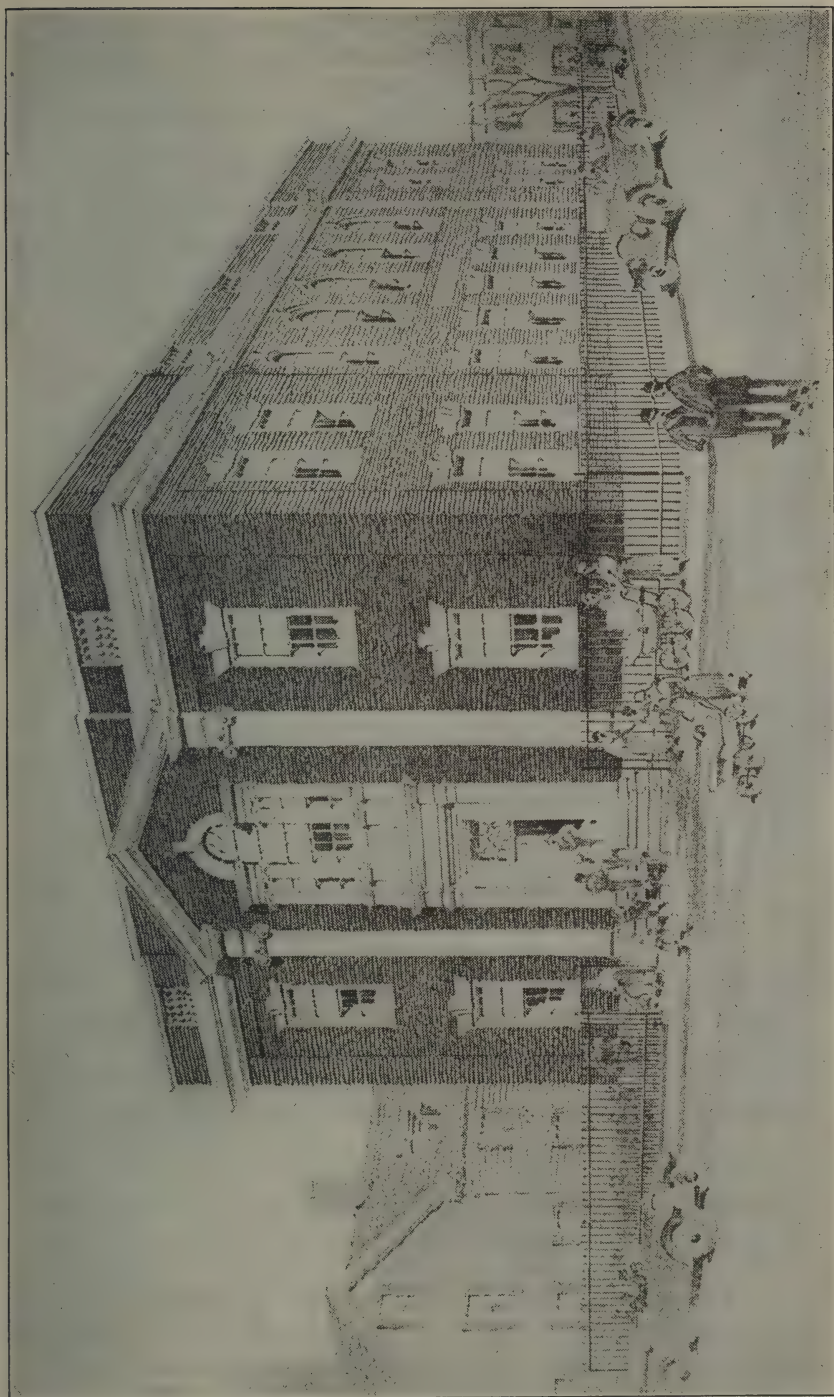
The site selected by the trustees of the George Robert White Fund for the new Health Unit is in East Boston at Paris and Emmons streets, and will involve the expenditure of \$230,000, \$65,000 of which will be paid in damages for the removal of old buildings now occupying the site, and \$165,000 will be the cost of the new building. It is expected that construction work will begin June 1 and will be completed the first of the year.

The structure will be of red brick and limestone trimmings of Georgian design, 50 by 85 feet in dimensions, two floors, each allowing 4,250 square feet, or 1,000 square feet more than the first Health Unit in the North End. The floors will be of terrazzo and linoleum with marble and hard plaster dados on the wall. In the basement will be a cafeteria, with accommodations for 100 persons, heating equipment, locker room and storerooms.

The main corridor will be 17 by 50 feet, and will be entered through a vestibule from Paris street; on the right will be the stairway leading to the upper floor, and on the left the administration and information offices. In the rear will be rest rooms, toilets for the public and attendants, closets and back stairs. On the right and beyond the main staircase will be a waiting room for children connected with the eye, posture and dental clinics, and the entire rear portion of the main floor will be used for the clinics for babies, pre-school age children and pre-natal work. A fluoroscopic room, laboratory and office space for nurses are also provided on this floor. The second floor will house the offices of the various societies, organizations and associations engaged in public health and welfare work in this district, and in addition public toilets and toilet and locker rooms for the personnel. Here also will be an auditorium with seating capacity for more than 200 hundred persons, stage and motion picture booth.

The entire building because of its location and arrangement will be amply provided with light, air and sunshine, and a large space on the roof will be inclosed with panes of quartz glass and heated so that it will be available for the entire year for sun treatment.

About the sides of the building will be two large yards paved for recreation purposes and provided with planting spaces, and the entire lot will be inclosed with an iron fence.



PROPOSED NEW EAST BOSTON HEALTH UNIT.

“ROPE” IN BREAD.

Hot weather soon will be with us. Now is the time for the forethinking baker to scrutinize closely his dough troughs. Make sure there are no old accumulations in the cracks of the trough. Carefully replace every worn or broken part. Do not hesitate to saw off leaky sections especially. Then, when your trough can stand a most critical inspection from this standpoint, you have gained an important step in doing away with a cause for many disappointments and dissatisfactions in the manufacturing bakery. We speak now of the inveterate enemy of the careless baker, “ropy” bread.

Bread affected with rope has every appearance on the outside of being a perfect loaf of bread when removed from the oven. The bread, upon cooling, will grow soft and doughy, and on breaking open the bread, the loaf, instead of sharply fracturing, will string out in long silvery threads, whence it gets the name of “rope.” There is a characteristic urinous odor to rope.

Even a sanitary bakery is not free from this trouble and it is caused by the presence of certain germs in the flour. Much may be done as a preventive, and the time and trouble taken will amply repay the baker. First of all, flour should be sifted before using. This practice, if carefully carried out, may also save the baker from damage suits by the elimination of extraneous matter, and if vinegar is used in making the dough, it should be used in the proportion of one pint to one hundred pounds of flour. In another respect vinegar is useful and that is in washing out the trough, and this action is a great help in the prevention of the growth of the unwanted rope germ.

Now, assuming that you are being troubled with rope, how are you going about it to find out just where the trouble lies. An experience of this department may serve best to illustrate a typical instance. Some time ago, in one of our great wholesale bakeries, a serious attack of “ropey” bread threatened to imperil the very business credit of the house. Everything was done in the line of sanitary care to see that every possible source of contamination was looked into. Expert chemists were called in and test samples of the flour were taken from the dough mixer, the flour-blending machine, flour bags and raw stock. After exhaustive searching the experts were baffled. Such a thorough examination, however, is not without its value, for it brought forth at last a hitherto unsuspected cause.

It seems that in the preparation of the bread there was a stage in the process where the recipe called for the introduction of a secret ingredient. This ingredient was first prepared in a wooden pail. Now, on account of this pail having been washed and scalded after each use, no particular suspicion was attached to it until the process

of elimination brought its possibilities to light. To remove this chance the wooden pail was done away with and an iron pail substituted. To go farther, it was made a practice to supply a new iron pail every week. This proved to be the solution; the rope disappeared for good and all.

Remember, flour should be stocked in such a way that it will have plenty of air. Do not store it under a portable oven where the heat of the bottom of the oven reaches it. Good bread is like your own self; if it has good air, proper temperature, food and warmth, it is all the better for it.

MEETING OF THE ANTI-MOSQUITO ASSOCIATION.

The fourth annual meeting of the Anti-Mosquito Association of Massachusetts was held March 26 at the Lecture Hall of the Boston Society of Natural History.

W. Franklin Burnham, retiring president of the Massachusetts Real Estate Exchange, was elected president to succeed the late Prof. George C. Whipple of Harvard University. Other officers were chosen as follows:

Vice presidents, Mayor Curley of Boston, Mayor Quinn of Cambridge, Mrs. James J. Storrow of Lincoln, Dr. Paul H. Provandie of Melrose, James M. Codman of Brookline, Dr. Eugene R. Kelley, Health Commissioner of Massachusetts; Dr. Francis X. Mahoney, Health Commissioner of Boston; Dr. Richard P. Strong, Professor of Tropical Medicine at Harvard; Thorvald S. Ross of Cambridge, George H. Ellis of Newton, and Langdon Frothingham of Boston; secretary, J. Albert C. Nyhen of Brookline, and treasurer, W. Chester Gray of Boston.

Sixteen names were added to the Board of Directors. The program included six five-minute talks as follows:

1. A Community Campaign. Mr. Thorvald S. Ross, Cambridge, Mass.
2. Mosquito Suppression by Private Individuals. Hon. James M. Codman, Brookline, Mass.
3. Mosquito Suppression in Small Cities. Dr. Paul M. Provandie, Melrose, Mass.
4. Drainage for Mosquito Suppression. Mr. Lewis M. Hastings, City Engineer, Cambridge, Mass.
5. The Use of Oil for Mosquito Suppression. J. Albert C. Nyhen, Director Fly and Mosquito Suppression, Brookline, Mass.
6. Roll call of other towns and cities in Massachusetts.

The association is organized to instruct, assist and advise.

Local committees should be organized to initiate and support field work and measures for mosquito suppression.

AMENDMENTS TO NEW YORK STATE SANITARY CODE.

New York State has recently made some changes in conventional practices in dealing with certain communicable diseases. At a meeting of the Public Health Council, held on March 11, 1925, in New York City, regulation 36, of chapter II of the Sanitary Code, was amended to take effect March 20, 1925, to read as follows:

Communicable diseases.—Minimum period of isolation. For the purposes of this code the minimum period of isolation is hereby declared to be as follows:

Chicken pox, until twelve days after the appearance of the eruption and until the crusts have fallen and the scars are completely healed.

Diphtheria (membranous croup), until two successive cultures, taken from the nose and throat at intervals of not less than twenty-four hours, have been examined and found negative in a laboratory approved for this period by the state commissioner of health, the first of such cultures being taken not less than nine days from the day of the onset of the disease; except that after five weeks from the date of taking the first release culture the health officer, in his discretion, may declare the case to be a diphtheria carrier and subject to the special rules and regulations of the State Department of Health.

Epidemic cerebrospinal meningitis, until two weeks after the temperature has become normal or until three successive cultures, obtained from the naso-pharynx at intervals of not less than five days, have been examined in a laboratory approved for this purpose by the state commissioner of health and shall be found free of meningococci.

Measles, until at least five days after the appearance of the rash.

Mumps, until two weeks after the appearance of the disease and one week after the disappearance of the swelling.

Poliomyelitis, acute anterior, until three weeks from the onset of the disease.

Scarlet fever, until thirty days after the development of the disease, and until all discharges from the nose, ears and throat, or suppurating glands have ceased.

Smallpox, until fourteen days after the development of the disease and until scabs have all separated and the scars completely healed.

Bacillary dysentery, typhoid or paratyphoid fever, if the patient's occupation involves the handling of milk, dairy products, or other food, until all signs of the disease or all secondary or complicating infections incited by the agents of these diseases have disappeared, and until two successive specimens of the intestinal discharges and

urine of the patient have been taken at an interval of not less than seven days and have been examined in a laboratory approved for this purpose by the state commissioner of health and found to be free from dysentery, typhoid or paratyphoid bacilli.

Whooping cough, until eight weeks after the development of the disease or until one week after the last characteristic cough.

NEW ENGLAND HEALTH INSTITUTE.

The New England Health Institute will hold its third annual meeting in Portland, Me., May 4-9, 1925.

This course is under the auspices of the United States Public Health Service, the New England State Health Departments, the Yale and Harvard Schools of Public Health and the departments of public health and biology of the Massachusetts Institute of Technology and Simmons College.

It is to be hoped that physicians, health officers, nurses, educators, social workers, club women, editors and the public generally will avail themselves of the opportunity to attend this institute. For further information address the State Department of Health, Augusta, Me.

SCHEDULE OF COURSES AND SECTION CHAIRMEN OF THE NEW ENGLAND HEALTH INSTITUTE.

1. Public Health Administration, nine lectures. Charles A. Weaver, M. D., Epidemiologist, New Hampshire State Board of Health.

2. Preventable Diseases, nine lectures. Eugene King, M. D., City Health Department, Providence, R. I.

3. Sanitation and Engineering, eight lectures. I. V. Hiscock, D. P. H., Assistant Professor of Public Health, Yale University, New Haven, Conn.

4. Tuberculosis, six lectures. Harold W. Slocum, Director of Tuberculosis Division, Vermont State Department of Public Health.

5. Venereal Diseases, six lectures. Benjamin B. Foster, M. D., Chief of Venereal Clinic, Eye and Ear Infirmary, Portland, Me.

6. Child Hygiene, nine lectures. Charles F. Wilinsky, M. D., Chief of Health Unit, Boston Health Department.

7. Public Health Nursing, seven lectures. Miss Mary Gardner, R. N. Director, Providence District Nursing Association.

8. Social Work, five lectures. Robert W. Kelso, B. A., LL. B., Executive Secretary, Boston Council of Social Agencies.

9. Mental Hygiene, six lectures. Harry B. Ballou, M. D., Assistant Superintendent Mansfield Training School and Hospital, Mansfield, Conn.

10. Industrial Hygiene, five lectures. Halstead G. Murray, M. D., New England Conference of Industrial Physicians.

11. Foods and Food Control, six lectures. A. M. G. Soule, Chief, Division of Inspection, Maine State Department of Agriculture.

12. Nutrition, six lectures, Clarence C. Little, SC. D., President, University of Maine.

13. Health Education, five lectures. Walter D. Thurber, Executive Secretary, Maine Public Health Association, Augusta, Me.

DEATHS FROM PNEUMONIA, BRONCHO AND LOBAR, IN BOSTON, MASS., CALENDAR YEARS 1900 TO 1924, INCLUSIVE, WITH DEATH RATES PER 100,000 OF POPULATION, RESIDENTS AND NONRESIDENTS.

CALENDAR YEAR.	Deaths from Lobar Pneumonia.	Death Rate per 100,000 Population.	Deaths from Broncho Pneumonia.	Death Rate per 100,000 Population.	Combined Rates.
1900.....	601	107.03	640	113.98	221.02
1901.....	807	141.88	458	80.52	222.41
1902.....	627	108.84	488	84.71	193.55
1903.....	579	99.25	520	89.14	188.39
1904.....	933	157.96	390	66.03	224.00
1905.....	995	166.41	279	46.66	213.07
1906.....	969	158.05	362	59.04	217.10
1907.....	938	149.30	295	46.95	196.26
1908.....	971	150.91	328	50.97	201.89
1909.....	950	144.25	312	47.37	191.62
1910.....	934	138.77	442	65.67	204.44
1911.....	902	131.71	432	63.08	194.79
1912.....	959	134.59	446	62.59	197.18
1913.....	922	127.26	530	73.15	200.41
1914.....	938	127.36	447	60.69	188.06
1915.....	950	127.44	506	67.87	195.32
1916.....	1,012	135.64	619	82.96	218.60
1917.....	1,098	147.06	507	67.90	214.97
1918.....	1,539	205.99	837	112.03	318.02
1919.....	595	79.58	370	49.48	129.07
1920.....	672	89.45	689	91.71	181.16
1921.....	467	61.63	426	56.22	117.86
1922.....	669	87.56	601	78.66	166.22
1923.....	635	82.42	678	88.00	170.43
1924.....	482	62.05	542	69.77	131.82

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during March. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.11	3.52	20
Allen, Fred H.....	12.45	3.57	11
Antetomasso, Peter.....	12.67	4.06	12
Barry, Michael F.....	11.94	3.47	10
Barron, Clarence W.....	14.01	5.10	10
Bemis, Dorothy M.....	12.36	3.67	22
Bergmann, John H.....	12.65	3.82	12
Bolio, William J.....	12.42	3.85	80
Brandley, T. J., & P. J.....	12.40	3.81	342
Casey, James D.....	12.92	4.33	45
Cashin, J. F., & Co.....	12.48	3.85	42
Cedar Hill Farm, Inc.....	13.50	4.40	20
Chapin, George L.....	11.94	3.50	42
Childs Brothers.....	12.28	3.61	169
Clapp, Frank L.....	12.86	3.85	18
Clark, Levi.....	12.04	3.63	120
Cohen, Benjamin.....	12.29	3.51	88
Converse, Marquis M.....	13.10	4.15	7
Corkery, John H.....	12.08	3.51	325
Crowell, Raymond.....	12.59	3.67	28
Cummings, F. S., Company.....	12.06	3.50	10
Cunningham, Paul.....	13.30	4.35	18
Cusick, William H.....	12.12	3.75	630
Deerfoot Farm Milk Company.....	12.44	3.85	10
Denehy, Timothy.....	13.04	4.20	4
Driscoll, William B., Company.....	12.47	3.63	14
Duggan Brothers.....	12.66	3.72	26
Edgerly, Frank S.....	12.23	3.65	100
Elm Spring Farm Milk Company.....	12.08	3.50	42
Endicott Farms Milk Company.....	13.80	4.50	2
English, J., & Son.....	12.75	4.00	7
Feeley, Catherine M.....	12.44	3.85	40
Ferguson, Malcolm D.....	12.81	3.86	420
Floyd Milk Company.....	12.22	3.75	9

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Furbush, Almon J.....	12.50	3.70	8
Garfield, Mason.....	14.33	4.95	8
Garvin, Charles E.....	13.95	5.10	10
Giroux, J. E., & Co.....	12.27	3.63	80
Griffin Brothers.....	12.61	3.75	7
Griffin, Joseph L.....	12.62	3.68	20
Gushee, W. S., & Co.....	12.79	3.80	126
Hagar, J. M., & Sons.....	12.43	3.76	20
Hancock, T. G., Company.....	12.26	3.70	10
Herlihy Brothers.....	12.37	3.75	78
Hickey, Martin J.....	12.40	3.70	40
Holden, John E.....	12.45	3.76	15
Holland & Cosgrove.....	12.58	3.62	43
Hood, H. P., & Sons, Inc.....	12.34	3.81	38
Hutchinson, Frank T.....	12.49	3.75	5
Jones, William T., Company.....	12.61	3.92	20
Kendall Brothers.....	12.25	3.70	142
Kennedy, Robert, Jr.....	12.83	3.81	118
Kingston, Samuel.....	13.28	4.45	8
Klawe & Freeman.....	12.85	3.95	66
Knapp, George J.....	12.54	3.68	188
Kozlofsky, Fedora.....	13.40	4.16	16
Lang Brothers.....	12.36	3.66	76
Larsson, Charles E.....	12.52	3.61	17
Lincoln Farms, Inc.....	12.56	3.70	8
Lyndonville Creamery Company.....	12.35	3.55	54
Manning, Peter.....	12.46	3.81	296
Maple Farm Milk Company of Massachusetts.....	12.24	3.57	65
McAdams, John F.....	12.33	3.83	486
McKernan, John.....	13.37	4.20	14
Millwood Farm, Inc.....	12.20	3.65	10
Munchbach, George.....	12.42	3.66	44
Newton & Pope.....	13.01	4.17	46
Noble, William F., & Sons.....	12.89	4.08	12
Robinson, Albert J.....	12.43	3.86	164
Robinson, James A.....	14.00	5.52	293
Runkle, John C.....	13.32	4.44	140
Schuster, Adam.....	12.78	3.81	18
Seven Oaks Dairy Company.....	12.58	3.75	80
Shick, Jacob.....	12.18	3.60	800

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Smith & Lynch.....	12.16	3.76	426
Somerset Farms Milk Company.....	12.92	4.00	9
Sterling Farm Milk Company.....	12.14	3.66	18
Stone, Howard L.....	12.31	3.65	121
Stuart, Wallis E.....	12.48	3.85	13
Sullivan, John D.....	12.99	4.07	42
Sullivan, John L.....	12.97	4.27	144
Turner Centre System, Inc.....	12.66	3.87	14
Vartanian, Gazar.....	12.10	3.52	11
Vartanian, Setrag.....	12.91	4.10	12
Walker-Gordon Laboratory Company.....	12.50	3.93	4
Ware, George H.....	12.75	3.78	17
Weiler, E., & Sons.....	12.36	3.56	28
Werner, F., Company.....	12.55	3.90	126
Westwood Farm Milk Company.....	12.30	3.70	29
White Brothers.....	12.74	3.85	24
Whiting Milk Companies.....	12.15	3.62	83
Whittemore, Warner D.....	12.30	3.73	11
Wiswall, George A.....	12.28	3.62	18
Wittenberg & Recks.....	12.10	3.60	40
Woodland, Charles L.....	12.25	3.72	285

CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc....	12.22	3.60	145
The Cloverdale Company.....	Turner Centre System, Inc..	12.56	3.70	37
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.46	3.93	22
Co-operative Grocery Company,	J. M. Hagar & Sons.....	12.37	3.70	22
Economy Grocery Company....	Whiting Milk Companies...	12.14	3.57	118
The Ginter Company.....	United Farmers Co-opera- tive Creamery Company.	12.71	3.87	10
Morgan Brothers Company.....	Morgan Brothers Company.	12.76	4.00	36
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.48	3.72	27
Rose Tea Company.....	Whiting Milk Company....	12.09	3.62	84
M. Winer & Co.....	Hyman Winer.....	12.44	3.70	264

PAPERS FOR THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association meets at St. Louis during the week of October 19, 1925. Programs for the section meetings must be practically complete by July 31. It is embarrassing to those in charge of the program to have to refuse papers of interest to the section because the titles are received too late. The section program chairman is always on duty and is glad to receive titles at any time. This notice is sent to remind you that if you plan to offer a paper for the St. Louis session to send the title of your paper as early as feasible, preferably now, to the chairman of your section. The rules of the association allow only one paper to a member and this becomes the property of the association for publication in the "American Journal of Public Health," subject to the action of the Editorial Board. Prompt response to this notice will be of material aid.

SUMMARY OF THE WORK, MARCH, 1925.

BUREAU OF ADMINISTRATION.

	Mar.	Feb.		Mar.	Feb.
Prosecutions ordered	11	8	Personnel:		
Legal notices	290	186	Temporary employ-		
			ment extended	0	1
			Temporary employ-		
Personnel:			ment terminated	0	1
Provisional temporary			Provisional employ-		
appointments	1	0	ment terminated	0	1
Permanent appoint-			Promotions	1	0
ments	0	2	Death of employee	1	0
Leave of absence	1	1	Official visits authorized,	0	1
Leave of absence with-			Orders issued	1	0
drawn	1	0	Special drafts	1	0

LICENSES, PERMITS, ETC., ISSUED.

	Mar.	Feb.		Mar.	Feb.
Burial permits	1,326	1,254	Grease licenses granted	8	0
Milk licenses	1,798	213	Garbage licenses granted,	1	0
Pedlers' licenses granted,	92	38	Undertaker, relocation	1	0
Hen licenses granted	834	7	Denatured alcohol li-		
Hearing on lunch room	1	0	censes	3	1
Hearing on bakery	1	0	Manicure-massage:		
Stable hearing	1	1	Granted	66	77
Stable permits granted	0	1	Dumps approved	7	5
Stable permits granted			Forcible removal	1	0
provisionally	1	0	Lying-in Hospitals li-		
Provisional stable permit			cense disapproved	2	1
extended	1	0	Hen permit revoked	1	0
Poultry licenses granted,	834	7			

BUREAU OF COMMUNICABLE DISEASES.

	Mar.	Feb.		Mar.	Feb.
Visits:			Medical inspectors' ac-		
By medical inspectors,	1,413	1,464	tivities:		
By veterinarian . . .	161	135	Schick tests . . .	6,763	5,368
By investigator . . .	321	303	Schick readings . . .	3,532	6,785
By nurses . . .	4,677	4,618	Toxin-antitoxin injec-		
Cases brought to Boston			tions . . .	5,936	4,731
for treatment . . .	135	90	Vaccinations . . .	22	22
Deaths investigated . .	19	32	Vaccination Certificates .	2	5
Nurses' Schick activities,	16,231	16,884	Antitoxin injections . .	8	1

MEDICAL DIVISION.

HEALTH UNIT (Blossom Street).

	Mar.		Mar.
HEALTH DEPARTMENT:		Child Hygiene Division:	
Work performed by Medical		Number of conferences . .	9
Inspector:		Conference attendance . .	378
Visits made by medical in-		New babies at conferences,	50
spector in the district . .	52	Home visits to babies . .	1,320
Vaccinations performed by		COMMUNITY HEALTH ASSOCIA-	
medical inspector . . .	35	TION:	
Number of vaccination cer-		General Division:	
tificates issued . . .	15	Home visits by nurses . .	941
Antitoxin, antityphoid,		Posture Clinics:	
Schick tests, and toxin-		Number of clinics . . .	8
antitoxin administered . .	13	Attendance . . .	81
Number of children ex-		BOSTON DISPENSARY:	
amined for camps and		Calls by district physicians .	53
day nurseries . . .	31	BOSTON SANATORIUM:	
Dental Service:		Calls made by nurses in the	
Number of operations . .	1,415	district . . .	1,066
Number of dismissals . .	178	STATE DEPARTMENT MENTAL	
Number of children treated,	663	DISEASES:	
Nutrition Service:		Habit Forming Clinic:	
Number of conferences . .	10	Number of clinics . . .	4
Conference attendance . .	94	Attendance . . .	12
Number of home visits . .	54	Home visits . . .	34
Poster Classes:			
Number of classes . . .	9		
Attendance . . .	316		
Cooking Classes:			
Number of classes . . .	4		
Attendance . . .	35		
Nurses' Visits:			
Communicable disease			
visits by nurses in dis-			
trict . . .	98		
Routine medical inspection of			
adults (Evening Service),	17		
Miscellaneous:			
Complaints of insanitary			
conditions . . .	16		
Number of persons given			
health and other informa-			
tion . . .	450		
City visitors . . .	50		
Out of city visitors . .	10		

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, MARCH, 1925.

SYPHILIS.

Current cases under investigation March 1, 1925	13
New cases assigned during the month	20
Total	<u>33</u>

DISPOSITION OF CASES.

Located:	
Placed under treatment	13
Under treatment	0
Not Located:	
Search abandoned	4
Under investigation March 31, 1925	16
Total	<u>33</u>

GONORRHEA.

Current cases under investigation March 1, 1925	54
New cases assigned during the month	67
Total	<u>121</u>

DISPOSITION OF CASES.

Located:	
Under treatment	6
Placed under treatment	27
Further treatment unnecessary	1
Not Located:	
Search abandoned	36
Fraudulent use of name	0
Under investigation March 31, 1925	51
Total	<u>121</u>

SUMMARY.

Current cases under investigation March 1, 1925	67
New cases assigned during the month	87
Total	<u>154</u>

DISPOSITION OF CASES.

Located:	
Under treatment	6
Placed under treatment	40
Further treatment unnecessary	1
Not Located:	
Search abandoned	40
Fraudulent use of name	0
Under investigation March 31, 1925	67
Total	<u>154</u>

Form letters mailed to above patients	85
Form letters unclaimed returned from post office	29
Form letters accepted by patients	56

Venereal disease complaints:

New cases	6
Under investigation March 1, 1925	10
Disposition of complaints:	
Placed under treatment	2
Under treatment	1
Unable to locate	4
Moved out of Boston	1
Under investigation March 31, 1925.	8
Visits by investigators	407

CHILD HYGIENE DIVISION.

	Mar.	Feb.
Total number of all visits	12,666	11,225
Visits to new cases	1,298	1,467
Visits to old cases.	10,571	7,950
Ophthalmia cases:		
Visits by Child Hygiene Division	398	423
Infant mortality investigations	166	124
Maternal death investigations	8	1
Cooking classes	4	2
Poster classes	13	10
Baby Conference Stations attended	352	258
Nutritional Conference Stations attended	30	2
Instructive conferences attended	181	195
Special visits	185	19

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	Mar.	Feb.
New reports	4,216	4,372
Stores inspected	4,864	4,910
Sanitary defects remedied	185	183
Complaints at office	30	36
Referred to Sanitary Division	20	9
Milk applicants	137	139
Notices to abate nuisances	119	165
Peddlers:		
Applications for licenses approved	92	43
Vehicles inspected and approved	544	511
Court cases	14	8
Convictions	10	4
Fines	\$290	\$200
Continued	2	4
Filed	2	
Laboratory Examinations:		
Bacteriological	3	4
Chemical	3	1

CONDEMNATIONS.

NOT REQUESTED.		
Candy	160 pounds	Farina 5 pounds
Candy eggs	22	Lamb 10 pounds
Chicken	12 pounds	Olives 200 pounds
Cheese	340 pounds	Onions 1 peck
Duck	20 pounds	Pigeons 109 pounds
Dried beef:		Potatoes 1 bushel
5-ounce (cases)	30	Smelts 16 pounds
2½-ounce (cases)	10	Squash 45 pounds
Frankfurts	3 pounds	Sugar 90 pounds
		Turnips 1 bushel

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.

Jelly roll	1
Chicken	1
Fricasee	1

CHEMICAL LABORATORY.

Butter	1
Frozen eggs	17
Sausages	1

LIVE STOCK INSPECTION (Brighton Abattoir).

	Mar.	Feb.		Mar.	Feb.
Cattle inspected	280	388	Parts condemned (lbs.)	1,275	1,341
Calves inspected	6,520	1,683	Animals condemned	10,215	5,966
Swine inspected	3,620	4,181			

DAIRY DIVISION.

	Mar.	Feb.		Mar.	Feb.
Total inspections	1,028	1,021	Inspections of milk plants and licensed dealers	355	263
Dairies inspected	394	296	Bacteriological examinations	48	40
Scoring above 50 *	247	266	High bacterial counts investigated	29	8
Scoring below	147	30	Country creamery inspections	11	7
With milk rooms	240	254	Sediment test	176	250
Without milk rooms	154	42			
Inactive	15	157			
Total cattle inspected	5,865	4,923			

* Possible mark.

BUREAU OF MILK INSPECTION.

	Mar.	Feb.		Mar.	Feb.
Chemical inspection of:			Frankfurts	1	0
Milk	1,492	1,966	Bologna	3	0
Vinegar	0	54	Ice cream	45	646
Bacteriological examination of:			Milk	714	646
Liquor	3	8	Butter	3	3
Sausage pickle	1	0	Vinegar	78	54
Eggs	12	0	Court cases	19	28
			Fines	\$460	\$1,000

SANITARY INSPECTION.

	Mar.	Feb.		Mar.	Feb.
Original inspections	2,904	1,804	Complaints	558	559
New reports	3,627	2,727	Court cases	5	3
Reinspections	7,226	5,370	Fines	0	\$1,000
Legal notices served	255	194			

BACTERIOLOGICAL LABORATORY.

	Mar.	Feb.
Diphtheria	1,366	1,548
Tuberculosis	328	302
Typhoid	49	49
Gonorrhea	693	632
Gonorrheal ophthalmia	94	70
Syphilis	1,648	1,438
* Other examinations	49	26
Bacteriological examinations of milk	714	646
Bacteriological examinations of ice cream	44	
Milk bottles examined	3	

* Dog for rabies, 1; genito urinary T., 3; blood for eosinophilia, 6; virulence tests, 9; dark field examinations, 5; blood for typhus, 2; smears for Vincent's angina, 2; pleural fluid for organisms, 1; feces for typhoid, 9; urine for typhoid, 9; blood cultures for typhoid, 2.

VITAL STATISTICS, MARCH, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING MARCH,
1925, WITH COMPARATIVE FIGURES FOR MARCH, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,179	1,022	+157	18.06	15.79	+2.27
Nonresidents deducted.....	979	838	+141	15.60	12.94	+2.66
BY AGE:						
Under one year.....	151	133	+18	2.31	2.05	+.26
One year to four years, inclusive.....	59	49	+10	.90	.76	+.14
Sixty years and over.....	448	390	+58	6.86	6.02	+.84
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	75	57	+18	1.15	.88	+.27
Arteriosclerosis.....	35	34	+1	.54	.52	+.02
Heart disease.....	206	172	+34	3.16	2.66	+.50
Nephritis, chronic.....	50	59	-9	.77	.91	-.14
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,559	1,670	-111	23.89	25.80	-1.91
b. Registered stillbirths.....	43	58	-15	.66	.90	-.24
Stillbirths per 1,000 births and stillbirths.....				26.84	23.56	-6.72
c. Deaths of mothers from causes incident to childbirth.....	13	17	-4	.20	.26	-.06
Deaths of mothers per 1,000 births and stillbirths.....				8.11	9.84	-1.73
Deaths of children in first year of life.....	151	133	+18	2.31	2.05	+.26
Deaths in first year per 1,000 live births.....				96.86	79.64	17.22
VIOLENCE:						
Accidents.....	43	50	-7	.66	.77	-.11
Homicides.....	1	3	-2	.015	.05	-.035
Suicides.....	9	6	+3	.14	.09	+.05
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	19	14	+5	.29	.22	+.07
Broncho-pneumonia.....	76	58	+18	1.16	.90	+.26
Cancer.....	116	112	+4	1.78	1.73	+.05
Cirrhosis of the liver.....	8	4	+4	.12	.06	+.06
Diabetes mellitus.....	20	18	+2	.31	.28	+.03
Diarrheal diseases, children under two years of age.....	8	9	-1	.12	.14	-.02

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, MARCH, 1925.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
					1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:		1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
Anterior poliomyelitis.....	Cases..	—	2	—2	—	.03	— .03
	Deaths..	—	—	—	—	—	—
Cerebrospinal meningitis.....	Cases..	4	4	—	.06	.06	—
	Deaths..	1	2	—1	.015	.03	— .015
Diphtheria.....	Cases..	155	267	—112	2.37	4.12	—1.75
	Deaths..	12	18	—6	.18	.28	— .10
Influenza.....	Cases..	67	24	+43	1.03	.37	+ .66
	Deaths..	16	4	+12	.24	.06	+ .18
Measles.....	Cases..	925	828	—97	14.17	12.79	+1.38
	Deaths..	17	8	+9	.26	.12	+ .14
Pneumonia (lobar).....	Cases..	221	185	+36	3.39	2.86	+ .53
	Deaths..	60	60	—	.92	.93	— .01
Scarlet fever.....	Cases..	425	521	—96	6.51	8.05	—1.54
	Deaths..	4	7	—3	.06	.11	— .05
Tuberculosis (pulmonary).....	Cases..	192	172	+20	2.94	2.66	+ .28
	Deaths..	77	67	+10	1.18	1.03	+ .15
Tuberculosis (other forms).....	Cases..	35	35	—	.54	.54	—
	Deaths..	12	8	+4	.18	.12	— .06
Typhoid fever.....	Cases..	13	8	+5	.20	.12	+ .08
	Deaths..	1	1	—	.015	.015	—
Whooping cough.....	Cases..	156	53	+103	2.39	.82	+1.57
	Deaths..	6	—	+6	.09	—	+ .09

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

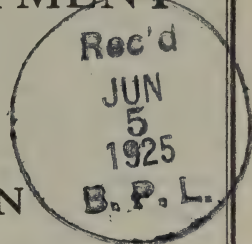
When you have no further use for this
Bulletin give it to someone else.

1559

MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON



FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 14.

BOSTON, MAY, 1925.

NO. 5

IMMUNITY TO SMALLPOX.

Just as one is able to tell from the Schick test that a person is immune to diphtheria so it is possible to determine from the early reaction of a person's skin to the ordinary cow-pox vaccine that the person is already immune to smallpox. The discovery of this characteristic cutaneous reaction showing immunity to smallpox is of great practical value. For example, under certain conditions it used to be customary to hold at maritime quarantine stations for fourteen days from last exposure persons on shipboard who had been exposed to smallpox. Sometimes it might be deemed advisable to detain at quarantine for fourteen days or more the ship, together with its entire personnel of passengers and crew. All this is now avoided at United States maritime quarantines by vaccinating exposed persons in the usual way and then noting the character of the local reaction which occurs within the next forty-eight hours.

The discovery of the cutaneous reaction characteristic of immunity of smallpox also renders it no longer necessary to keep on revaccinating a person in an effort to get a "take" when for any reason assurance of protection against smallpox may be deemed especially desirable. On the appearance of the characteristic reaction, it is customary for the United States quarantine officials to issue a certificate of immunity to smallpox.

When a person is successfully vaccinated who has never had smallpox, or never previously been successfully vaccinated, or in whom the protection of a previous vaccination has entirely disappeared, a papule, otherwise known in common parlance as a "pimple," will appear at the site of the vaccination at about the fourth day, or in other words, between the third and fifth day. Very rapidly the pimple changes into a vesicle, which means that it can be seen to contain a watery fluid. In the meantime, also, it becomes surrounded by a circular area of hardened reddened skin. This hard red area goes on to increase in extent and redness. The contents of the vesicle change from a watery fluid to pus and the vesicle, now called a pustule, also increases in size, reaching its maximum about the tenth day.

When a person possesses a marked degree of resistance to smallpox, presumably, however, not assuring immunity, all the changes above noted follow vaccination, but they are much less pronounced in character and occur more rapidly. For example, the pimple will appear by the third day, possibly sooner, and the pustule and the local inflammation will reach its maximum in about seven days instead of ten days. Such a reaction as this following vaccination is called a *vaccinoid* reaction. It indicates that vaccination was necessary to assure protection against smallpox.

The reaction following vaccination which indicates immunity to smallpox appears within forty-eight hours after vaccination and begins definitely to disappear within seventy-two hours. It is characterized by a small reddened papule or pimple surrounded by a small circular area of reddened skin. Usually, the papule disappears without showing any fluid contents. The promptness with which this reaction appears is regarded as of the utmost importance in judging a person's degree of resistance or immunity and it is insisted as the result of practical experience that a person in whom the appearance of the reaction is delayed longer than forty-eight hours should be held under observation for the full period of incubation of smallpox if he has been exposed to the disease.

As in interpreting or "reading" other cutaneous reactions, a certain amount of experience is desirable to avoid wrong conclusions from the failure of a vaccine to produce a typical "take." Some authorities insist upon the drill method of vaccinating and the use of calipers for measuring areas of reaction to assure the reliability of conclusions as to immunity. Even if this method be not employed, uniformity in technique is essential to trustworthy conclusions. Above all, the vaccine must be of known potency and this means practically that the same lot of vaccine must be simultaneously producing typical successful "takes" as well as the reactions which are regarded as evidence of immunity in other persons.

VIRULENT SMALLPOX MORE COMMON.

The "Statistical Bulletin" of the Metropolitan Life Insurance Company for March calls attention to the fact that available statistical information for 1924 shows a mortality from smallpox in the United States and Canada three times as high as in 1923. Not only was the mortality higher but the number of cases recorded was practically twice as great as during 1923 or 1922.

During 1924 49,587 cases of smallpox with 871 deaths were recorded in the United States and 2,808 cases with 60 deaths in Canada.

In view of the prevalence of smallpox in other communities Health Commissioner Mahoney recently sent the following letter to Mayor James M. Curley:

I have this day directed a communication to the representatives of all life insurance companies doing business in Boston requesting immediate co-operation through their agencies and agents in the work of vaccination to prevent a smallpox epidemic. While it is true that the City of Boston has been extremely fortunate to the present time, no case of smallpox having been reported this year, nevertheless through the presence of this great scourge in adjoining states and in the western section of Massachusetts it is not beyond the bounds of possibility that cases might appear at any time.

During the year 1924 some fifty thousand cases of smallpox were reported in the United States of an unusually virulent type, in view of which fact, as a necessary measure of precaution, it becomes the duty of every individual not already protected through recent vaccination against this disease to consult his family physician at once and safeguard himself and the members of his family and the community. I am particularly desirous that officials in charge of schools, both public and private, take immediate cognizance of the situation and arrange for the vaccination of all persons attending. I have detailed every inspector in this department to the work of personal conference with the heads of every enterprise employing large numbers of persons to enlist their co-operation and have arranged at the North End Health Unit on North Margin street and the Health Unit at Blossom street for free vaccination from 10 a. m. to 5 p. m.

Sincerely trusting it will be possible to enlist the services of all public and private agencies in this defence campaign, I beg to remain,

Respectfully yours,

FRANCIS X. MAHONEY,
Health Commissioner.

SMALLPOX IN BOSTON IN 1690.

"Epidemical fevers and Agues grow very common in some parts of the Country, whereof, though many die not, yet they are sorely unfitted for their employments, but in some parts a more *malignant* fever seems to prevail in such sort that it usually goes through a family where it comes and proves mortal unto many. The *Smallpox* which has been raging in Boston after a manner very extraordinary is now very much abated. It is thought that far more have been sick of it than were visited with it, when it raged so much twelve years ago. Nevertheless it has not been so mortal, the number of them that have dyed in Boston by this last visitation is about three hundred and twenty which is not perhaps half so many as fell by the former. General in June, July and August. It infected some children of mothers that had themselves undergone the disease many years ago, for some such were now born full of the Distemper. It is not easy to relate the trouble and sorrow that poor Boston has felt by this Epidemical Contagion, but we hope it will be pretty nigh extinguished by that time, twelve months when it first began to spread."

"Public Occurances" Thursday, Sept. 25th. 1690.

(Historically it might be said that there was but one issue of this paper. The only existing copy is in London.)

THE HOUSE FLY.

A Carrier of Disease.

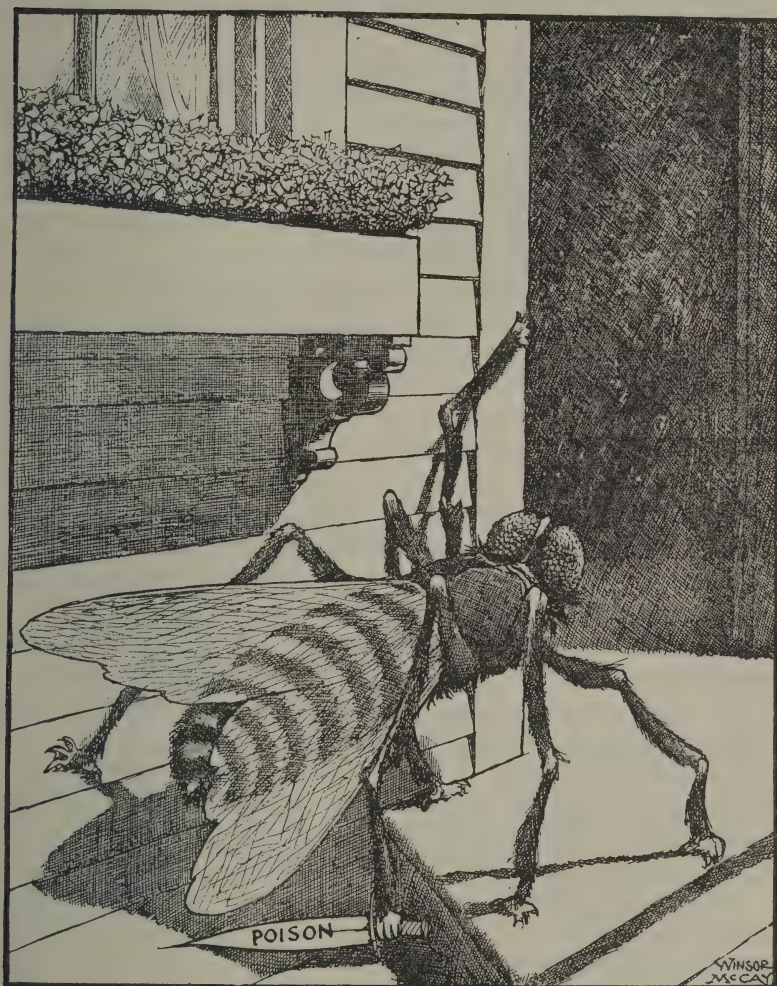
There are strong reasons to suspect that some insect plays an important part in the transmission of infantile paralysis, be it directly or by contaminating food. Suspicion has pointed to the stable fly and at one time suspicion was strengthened by the results of certain experiments. In the hands of other investigators, however, these experiments failed of confirmation.

Circumstantial evidence has also tended to implicate another kind of fly, an out-of-doors carrion fly, as being concerned with a disease of animals resembling infantile paralysis, and by inference, as a possible cause or means of transmitting infantile paralysis itself. Thus far, however, the preponderance of evidence might be said to be in favor of an alibi for this particular fly so far as infantile paralysis is concerned.

The same might also be said of the common house fly with respect to infantile paralysis, but the incriminating evidence against the house fly as a purveyor of other diseases is conclusive. The responsibility of the house fly for sickness and death in every human

community where the fly is to be found is not a matter of doubt. The only question is the extent of its guilt.

The house fly gets in his deadly work by contaminating human food and drink with all sorts of infective material. The house fly



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THE ASSASSIN.

does not discriminate against anything when it comes to feeding or investigating. Consequently, the fly is likely to bring into the family kitchen and dining room, either on the outside or inside of his body, perhaps on his feet, perhaps in his intestines, or perhaps in the material which he regurgitates from his stomach,— as shown

by the white specks he leaves on the window pane,—any living microscopic organisms capable of reproducing a human disease.

The house fly's record has earned for it the well deserved title of the typhoid fly. By its camp habits the common house fly nearly put the American army *hors de combat* during the Spanish War.

The house fly is likewise responsible for other infections of the digestive tract. Wherever and whenever an active campaign against house flies has been undertaken an immediate drop in infant mortality has always followed. The value of intensive child welfare and prenatal work is still awaiting a trustworthy appraisal. The importance, in reducing infant mortality, of an unpolluted water supply and lessened opportunities for the contamination of babies' food through the medium of flies was long since definitely established. A pure community water supply, safe milk, economic ability to buy proper food, a sewerage system, household water carriage facilities for the prompt removal of human excreta before flies can get at it, running water in the household assuring personal and household cleanliness, with reduced opportunities for flies to find infective material, the screening of windows, better community cleanliness, fewer breeding places for flies, are the big factors which have really counted in reducing child mortality anywhere.

Besides being an indirect cause of typhoid fever and infant mortality, the house fly also comes up for practical consideration at this season of the year as a distributor of bacteria which bring about the putrefaction of food and which indirectly give rise to the less serious infections of the digestive tract, commonly referred to as attacks of "indigestion" or of "ptomaine poisoning."

At this time of year every community and every householder in this latitude should be well started on an anti-fly campaign. The success of such a campaign will be greater if attention be directed to the life history and habits of the fly.

Flies require warmth, moisture and material which will answer as food for the maggots, in order to breed. Horse stables, pig sties and privies offer ideal conditions. Flies will, however, breed in all sorts of garbage and animal and vegetable refuse. In warm weather, eggs will hatch within half a day. The maggots or larvæ reach full size in warm weather in five or six days. They then pass into the quiet pupa stage from which the fully developed fly emerges in four or five days more. When the female fly is a week or ten days old, she begins to lay eggs.

The maggots of the house fly burrow downward in whatever material they may be hatched. If the material in which the eggs hatch is lying directly on the ground, the maggots or larvæ will

burrow into the ground before passing into the pupa stage. The full grown larvæ will be found near the bottom of a bog or other receptacle containing the material in which a fly may have deposited its eggs. Advantage is taken of this fact to prevent the breeding of flies. For example, if stable manure be piled on a slatted platform, the larvæ will burrow down until they drop between the slats into a receptacle provided for their reception and destruction. Similarly, the maggots may be induced to commit suicide by keeping in an elevated wire basket or cage waste material in which flies might lay their eggs and then providing some means for destroying the maggots as they burrow through the meshes of the wire and drop.

It is easy of course to prevent the breeding of flies by treating the fly-breeding material with any sort of a poisonous solution, but this method is generally impracticable either because it injures the commercial value of the material or because of danger to domestic animals which might accidentally be poisoned.

The hatching of eggs may be prevented, or maggots killed, however, by thoroughly mixing fly-breeding material with borax. An ounce and a half of borax to every bushel of the material is sufficient. The borax may be sifted on the material as each new lot of the material is deposited in a receptacle.

It has been said that one will not be bothered with rats if he stops feeding them and providing breeding places for them. This is equally true of flies. But if one's neighbors do not do what they should it may become necessary to try to destroy flies. Non-poisonous sticky fly papers, fly swatters, and various makes and kinds of fly traps all have an appropriate place in such work.

A safe fly poison may be made by adding three teaspoonfuls of powdered sodium salicylate to a pint of water. If a tumbler of this solution be inverted over a piece of blotting paper and match be inserted between the blotting paper and the tumbler to admit air, the blotting paper will be kept moist so long as any of the solution remains in the tumbler. The sprinkling of a little sugar on the blotting paper will serve to attract flies.

Formaldehyde likewise acts as a fly poison and a solution made by adding three teaspoonfuls of a 40 per cent solution of formaldehyde may be used in the same manner as the sodium salicylate solution. While formaldehyde used as above described may not be theoretically free from all possible danger to children or domestic animals, its biting disagreeable taste would seem to render accidental poisoning extremely remote. The sodium salicylate is absolutely harmless in any amounts in which the solution could conceivably be taken accidentally.

CONFERENCE EXPRESSES NEW VIEWPOINT ON THE TREATMENT OF SYPHILIS.

The indiscriminate use of the word "cure" in the treatment of syphilis should be discontinued and in its stead the patient should be made to think merely of an arrested condition as in tuberculosis. According to a report just made public, such is the opinion expressed by the conference of the United States Public Health Service and state venereal disease control officers last December at Hot Springs, Ark. This conference advised that persons undergoing treatment for syphilis should expect and seek observational control at appropriate intervals, and under proper medical care, throughout a period of years, instead of considering themselves cured after a few months' or a year's treatment — in order to avoid the late involvement of the heart, blood vessels and nervous systems. The adoption of this attitude by the conference is disclosed by the report of the Hot Springs meeting which has just been published in pamphlet form by the Division of Venereal Diseases of the United States Public Health Service.

According to the printed report, the conference passed resolutions concerning the policy, management, methods and standards of examination, diagnosis and treatment to be followed by clinics supported in whole or in part by federal or state funds. The report says that medical responsibility for the health of a patient who has acquired syphilis or gonorrhea is not discharged by mere routine treatment during the infectious stage, but extends to the prevention of crippling, degenerative lesions during the patient's later life. One of the first essentials to such prevention is complete observational control with periodic re-examination. It is urged that such systematic checking must be carried out through a period of years. Such a course is necessary, says the report, because a complete relapse of a patient treated for syphilis may occur in any case, however apparently hopeful at the start.

Among other things, the conference found that three years may be prescribed as the average period of treatment for the early case of syphilis before it is placed on observation. Five years has been widely accepted as the lapse of time required to reduce the infectious possibilities to a point where marriage may be contemplated.

THE CONSERVATION BUREAU.

A recent annual report calls attention to the notable work in medical research which is being carried on in municipal institutions by the city's Conservation Bureau. The subjects which have received attention during the past year have included helio-therapy,

with respect to both its therapeutic value and effect on nutrition; the physiology of the ear; a new method of cauterization; clinical research on vision with special apparatus; the application of ultra-violet therapy to tissues within the body cavities; a new method for measuring visual acuity, etc.

The subject of cancer has also naturally come to the attention of this Bureau and the chairman of the Committee on Medical Research, Mr. M. Douglas Flattery, has been making a special effort to bring to public attention the necessity for prompt action in case of symptoms which may be indicative of beginning cancer. The experience of our public institutions especially leads him to call attention to the danger of developing cancer from badly fitting spectacles. As a result of irritation from such spectacles about the nose, cheek or back of the ears, growths or sores may appear, which have developed into serious cancerous growths before the person affected realizes his danger. No sore or growth of such a character should be neglected. Taken early, cancers appearing as local sores or growths on the skin can be readily cured but delays are always dangerous, because before long, the cancerous cells begin to be carried to other parts of the body where they cannot be reached by treatment. One reason for our fatalities from cancer is indicated by the fact that, as shown from the records of the Massachusetts General Hospital, eleven and a half months on an average elapse from the time the first symptoms of cancer are noticed in the hospital's cancer patients until the patients come to the hospital for treatment.

The following is the Mayor's committee on Medical Research: M. Douglas Flattery, chairman; Dr. Roger Colgate Graves, secretary, Prof. W. T. Bovie, Dr. E. H. Bradford, Dr. John H. Cunningham, Dr. David J. Johnson, Dr. Richard P. Strong, Prof. John C. Torrey.

PERSONAL LIABILITIES OF HEALTH OFFICIALS.

The Department of Health is occasionally asked to advise health officers as to the possibility of their being sued for damages on account of official acts. Section 21-b of the Public Health Law contains the provision that: "No health officer, inspector, public health nurse, or other representative of a public health officer, and no person or persons other than the city, village or town by which such health officer or representative thereof is employed shall be sued or held to liability for any act done or omitted by any such health officer or representative of a health officer in good faith and with ordinary discretion on behalf or under the direction of such city, village or town or pursuant to its regulations or ordinances, or the sanitary code, or the public health law," but that the locality should be liable in such cases should any liability be established.

Notwithstanding this provision, health officers have been sued and only recently a judgment of several hundred dollars was confirmed against a rural health officer, following a suit for damages, it having been claimed that through the negligence of the health officer property had been damaged by smoke in the course of fumigation of a house with sulphur following removal of a case of tuberculosis.

Referring to the clause in section 21-b, the Attorney-General, discussing the subject informally, says that it does not go beyond the principles long established: "It grants no immunity except for acts done or omitted 'in good faith and with ordinary discretion' on behalf of the public or pursuant to law. So much immunity they have always had. In short, the Legislature, in enacting this statute, has not superseded common law and the decisions, but has merely declared them."

Public officers, he says, "are thoroughly protected from individual liability so long as they act within their jurisdiction (and without negligence), but they could not in any event be protected, even by statute, if they overstep their jurisdiction."

As to negligence, there is a distinction between a "ministerial" act, where a duty imposed upon an officer "is so specific that no room is left for the exercise of judgment," and "discretionary" or "judicial" acts, requiring the exercise of judgment. An officer *may be held liable for negligence* in the performance of a "ministerial" duty, but is *not* liable for an error in judgment or "mistaken exercise of . . . discretion," when the act is one calling for the exercise of judgment or discretion and he had jurisdiction in the matter.

In short, a health official, if the act is one which he had to perform, and as to which he had no discretion to exercise, will be liable for any negligence in the performance of such act. But where the act is one as to which a hearing is held and a decision is reached as a result of such hearing, or where the act is not a positive duty but depends upon the officer's judgment, that will be a judicial act and there will be no liability for error or even for negligence provided always the officer had jurisdiction in the case.

It behooves every health official, both for his own protection and in the interest of efficiency, to be thoroughly conversant with the scope of his jurisdiction and his legal limitations, and to adhere to procedures which are established and generally recognized. Fortunately the courts recognize the fact that health officials often have to act promptly in the face of unusual emergencies in which public health appears to be threatened, and, when questions arise as to the good faith and discretion with which they have acted, are inclined to give them "the benefit of the doubt."

Health News, New York State Department of Health.

LETTER TO PHYSICIANS.

The following communication has been sent to physicians in the Commonwealth by the State Commissioner of Health.

Boston, April 1, 1925.

DEAR DOCTOR,—Of the communicable diseases prevalent in this part of the country there are at least three for which a safe and effective prophylactic procedure exists; *i. e.*, typhoid, smallpox and diphtheria. In the last twenty-five years the frequency of these diseases has been reduced, but at the present rate their elimination is still a long way off.

Another sound preventive measure is the periodic health examination. Since 1905 the death rate from communicable diseases has been cut almost in half, while that from degenerative diseases has increased almost one quarter. The periodic examination of the supposedly well is certainly a sound approach to the control of this mounting death rate from degenerative disease.

It has long been recognized that the private physician is in the strongest possible position as a teacher of preventive medicine to his patients and their families. A word from him will carry more weight than volumes of printed matter. People are coming to him more and more for such advice. On the other hand there is considerable reticence among many physicians to take the initiative in recommending preventive measures which will directly increase their incomes lest they lay themselves open to criticism.

In an effort to overcome this embarrassment the State Department of Public Health has prepared the enclosed card recommending that persons go to their private physician for prophylaxis against smallpox, typhoid and diphtheria, as well as for periodic health examinations for themselves and for their families. It is hoped that you may use this card both in professional letters and on the table of your waiting room.

If you care to avail yourself of these cards we will send them to you.

EPSOM SALTS AS A PROTECTION AGAINST VERMIN.

According to Dr. Paul Mitchell, in "Health," the official publication of the Australian Health Department, Epsom salts has proved satisfactory in ridding closed places of moths, cockroaches and ants. In protecting clothing against moths, it appeared to be as efficacious as naphthalene, but apparently loses its value under conditions which cause the magnesium sulphate crystals to change to powder.

Fourth Annual Convention, New England Division American Nurses' Association, June 3, 4, 5, at Boston.

ACTION OF WATER ON COPPER.

In an article in the "Lancet" of March 28, 1925, John C. Thresh, M. D., reviews the evidence relative to the possibility of copper poisoning from copper tanks or copper or brass piping in connection with household water supplies. His conclusions are summarized as follows: •

"1. That copper is far less acted upon by water than is iron or lead. 2. That copper being vastly less deleterious than lead, copper pipes are far safer than lead pipes. 3. That copper pipes can be used for all waters which are not acid in reaction. 4. That acid waters should never be used until the acidity has been removed by treatment. Having been so treated copper service pipes can be used. 5. That practically all waters take up traces of copper if allowed to stand sufficiently long therewith, but that under all ordinary circumstances the amount taken up is far too small to endanger health."

It is pointed out that in the presence of water there is a slight erosion of the pipes with the formation of copperoxide but which cannot occur to any appreciable extent without giving rise to a cloudiness of the water.

"Under certain conditions, however, as when an electric current traverses the pipes, this solvent action is enormously accelerated and a perceptible pale-blue deposit forms which easily dissolves in very dilute acid and gives a blue color when an excess of ammonia is added. It is obvious, therefore, that such pipes should not be used for earthing currents. It may be added that in recent years complaints of the action of water on metal pipes have greatly increased in frequency, and there is little doubt that the cause is the use of such pipes, especially by amateur electricians, for this purpose.

"When copper pipes are now in use the only complaints which occur are (1) of a green deposit at joints, and (2) the green staining of porcelain by drippings from taps. These effects are due to the accumulation of copper oxycarbonate from the evaporation of the water, and are easily remedied if proper attention is given to the joints and taps. They do not necessarily indicate a dangerous condition of the water."

"Every means of progress in prolonging human life has been contributed by those who know that vaccination does prevent smallpox and not one single advance in sanitary science, nor any useful suggestion for the purpose of prolonging human life and adding to efficiency, has ever been made by any opponent of this measure."

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during April. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.16	3.65	18
Allen, Fred H.....	12.42	3.90	29
Antetomaso, Peter.....	12.56	4.20	11
Barry, Michael F.....	12.28	3.70	12
Barron, Clarence W.....	14.38	5.45	10
Bemis, Henry E.....	12.32	3.82	44
Bergmann, John H.....	12.70	3.98	17
Bolio, William J.....	12.47	3.78	20
Brandley, T. J. & P. J.....	12.45	3.78	10
Casey, James D.....	12.44	3.86	36
Cashin, James F.....	12.54	3.86	73
Cedar Hill Farm, Inc.....	13.44	4.51	73
Chapin, George L.....	12.17	3.60	27
Childs Brothers.....	12.52	3.81	78
Clapp, Frank L.....	13.01	3.88	140
Clark, Levi.....	12.18	3.72	16
Cohen, Benjamin.....	12.26	3.67	20
Converse, Marquis M.....	12.34	3.80	6
Corkery, John H.....	12.20	3.61	124
Crowell, Raymond.....	12.62	3.96	10
Cummings, F. S., Company.....	12.34	3.66	12
Cunningham, Paul.....	13.60	4.70	19
Cusick, William F.....	12.12	3.73	153
Deerfoot Farm Milk Company.....	12.71	4.11	12
Dellagatta, Joseph.....	11.86	3.50	14
Denehy, Timothy.....	12.60	3.96	112
Driscoll, William B., Company.....	12.55	3.76	12
Duggan Brothers.....	12.39	3.75	45
Edgerly, Frank S.....	12.24	3.75	17
Elm Spring Farm Milk Company.....	12.12	3.60	40
Endicott Farms, Inc.....	14.20	5.00	2
English, J., & Sons.....	12.71	3.95	17
Feeley, Catherine M.....	12.37	3.75	28
Ferguson, Malcolm D.....	12.72	4.00	58

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Floyd Milk Company.....	12.20	3.82	14
Furbush, Almon J.....	13.10	4.46	20
Garfield, Mason.....	14.72	5.40	12
Garvin, Charles E.....	13.82	5.05	100
Giroux, H. E., & Co.....	12.32	3.75	70
Griffin Brothers.....	12.54	3.80	14
Griffin, Joseph J.	12.52	3.70	14
Gushee, W. S. & C. W.....	12.69	3.86	16
Hagar, J. M., & Sons.....	12.22	3.60	21
Hancock, T. G., Company.....	12.05	3.70	25
Hardy, Lewis S.....	12.08	3.80	160
Herlihy Brothers.....	12.28	3.86	32
Hickey, Martin J.....	12.31	3.78	174
Holden, John E.....	12.36	3.76	10
Holland & Cosgrove.....	12.64	3.98	53
Hood, H. P., & Sons, Inc.....	12.23	3.80	78
Hutchinson, Frank T.....	12.23	3.70	1,300
Jones, William T., Company.....	12.50	3.87	17
Kendall Brothers Company.....	12.15	3.63	493
Kennedy, Robert, Jr.....	12.58	3.87	42
Kingston, Samuel.....	13.04	4.46	24
Klawe & Freeman.....	12.89	4.10	118
Knapp, George J.....	12.36	3.66	64
Kozlofsky, Fedora.....	13.74	4.13	38
Lang Brothers.....	12.35	3.77	65
Larsson, Charles.....	12.56	3.71	16
Lincoln Farms, Inc.....	12.04	3.55	15
Lyndonville Creamery Association.....	12.58	3.75	34
Manning, Peter.....	12.62	3.93	98
Maple Farm Milk Company.....	12.92	3.91	50
McAdams, John F.....	12.41	3.85	19
McKernan, John.....	13.05	4.20	22
Munchbach, George.....	12.37	3.75	32
Millwood Farm.....	12.23	3.65	14
Newton & Pope.....	13.06	4.26	32
Noble, William F., & Sons, Company.....	12.68	3.95	11
Robinson, Albert J.....	12.55	3.98	29
Robinson, James A.....	12.79	4.42	100
Runkle, John C.....	13.23	4.37	72
Schuster, Adam.....	12.84	4.00	20

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Seven Oaks Dairy Company.....	12.42	3.83	36
Shick, Jacob.....	12.16	3.70	68
Smith & Co.....	12.10	3.81	32
Somerset Farms Creamery Company.....	12.82	3.92	12
Sterling Farms Milk Company.....	12.06	3.56	14
Stone, Howard D.....	12.20	3.70	110
Stuart, Wallis E.....	12.61	3.97	13
Sullivan, Jeremiah D.....	12.79	4.08	44
Sullivan, John L.....	12.60	4.06	422
Turner Centre System, Inc.....	12.63	3.91	17
Vartanian, Gazar.....	12.24	3.65	13
Vartanian, Setrag.....	12.72	4.05	12
Walker Gordon Laboratory Company.....	12.71	4.18	4
Ware, George H.....	12.65	3.80	20
Weiler, E., & Sons.....	12.18	3.56	12
Werner, F., Company.....	12.22	3.76	180
Westwood Farm Milk Company.....	12.30	3.68	9
White Brothers.....	12.52	3.93	22
Whittemore, Warner D.....	12.13	3.70	13
Whiting Milk Companies.....	12.28	3.78	20
Wiswall, Granville A.....	12.58	3.77	40
Wittenberg & Recks.....	12.01	3.65	100
Woodland, Charles L.....	12.25	3.77	315

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.19	3.73	15
The Cloverdale Company.....	Turner Centre System, Inc..	12.86	4.15	18
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.50	4.01	15
Economy Grocery Company....	Whiting Milk Companies...	12.34	3.85	38
The Ginter Company.....	United Farmers Co-Operative Creamery.	12.61	3.93	13
Morgan Brothers Company.....	Morgan Brothers Company.	12.72	4.05	32
O'Keeffe's, Inc.....	J. M. Hagar & Sons, Inc....	12.31	3.70	16
Rose Tea Company.....	Whiting Milk Companies...	12.34	3.93	118
M. Winer & Co.....	Hyman Winer.....	12.30	3.66	26

A NEW TREATMENT FOR TUBERCULOSIS.

Experiments which have been carried on during the last few years, especially in the Scandinavian countries, have raised hopes anew of the possibility of a specific cure for tuberculosis. Soon after Koch identified the tubercle bacillus forty years ago he also discovered that solutions of a certain chemical compound of gold (potassium aurocyanide) had a peculiar action upon the tubercle bacillus and that even in extreme dilution this gold salt quickly destroyed the bacillus.

Erlich's discovery of an arsenical combination which would destroy the spirochete of syphilis in an infected individual served to stimulate efforts to devise a chemical combination of gold which when injected into a person suffering from active tuberculosis would similarly kill the tubercle bacillus and thus cure the disease.

The gold compound which has been used in the recent experiments referred to is known as a sanocrysine. As a chemical combination it is nothing new. It has been known for many years, but Dr. Halger Mollgaard, whose name is generally associated with it, has really shown us how an old discovery may be used in a new way.

As has been demonstrated by Doctor Mollgaard, sanocrysine is capable of producing in certain cases of tuberculosis a curative effect as striking as that of salvarsan in syphilis. But on the other hand, the experiments have shown that there are marked limitations to the usefulness of sanocrysine, some of which we think we understand and others which we do not. Its administration may be followed by alarming reactions supposed to be due to liberation of toxins or poisons from the killed tubercle bacilli in the patient's body. A more slowly developing cachexia which sometimes follows its use is supposed to have a somewhat similar cause. Unmistakable evidence has accumulated that sanocrysine is quite as capable of killing the patient as of helping him. It seems to be conceded that at present its possible value is limited to the early stage of tuberculosis.

Further experimentation may be hoped to bring out ways of promoting the usefulness of sanocrysine, as well as of avoiding its dangers. Some progress has undoubtedly been made in this direction. But as matters now stand, sanocrysine practically possesses no advantages over well recognized methods of treatment of tuberculosis and is something to be made use of with the utmost caution, if at all.

While it is to be hoped that we are on the track of a form of treatment which will prove of real value, we should not forget that a patient with well established pulmonary tuberculosis is really suffering from a mixed infection and that the symptoms and the

bodily damage are quite as much due to the complicating pathogenic organisms as to the tubercle bacilli itself. Perhaps some day we may find the specific for tuberculosis which we have been so long looking for, not in something which will kill the tubercle bacillus, but in something which will check the activity of complicating organisms and give the body itself a fair chance to combat the tubercle bacillus.

THE REPORTING OF COMMUNICABLE DISEASES.

Under the Massachusetts laws, physicians, householders, and in cases of ophthalmia neonatorum, nurses as well, are required to report to the local health authorities such diseases as may be declared by the State Department of Health to be "dangerous to public health." The great weakness in this scheme for the control of communicable diseases is, of course, due to the fact that the average case of communicable disease has perhaps done all the damage it is capable of doing before it comes to the attention of a physician. In certain instances, however, public interest suffers by reason of the fact that neither the householder nor the physician is specifically required to report a communicable disease until a diagnosis is established. An effort has recently been made in Denver, Col., to meet this situation by prescribing that when "any physician, or other person, shall know or *have reason to suspect* a reportable disease he shall immediately notify the health authorities."

INFANT FEEDING.

Few departments of clinical medicine have experienced as many varieties of "styles" in practice within the last few decades as has infant feeding. In rapid succession, novel procedures have been adopted in widespread ways, only to be abandoned with the advent of a newer proposal. Enthusiasm for each has waxed and waned until an unbiased observer might well wonder whether pediatricians have not been following wrong ideals. In an illuminating address, Professor Park of Yale University remarked not long ago that when one surveys the field of infant feeding, it is evident that almost all progress in the art of infant feeding has been empiric. We despise the influence of the grandmother in the feeding of the infant, but have derived many ideas from her and are still under her tutelage. To the present, science has served largely to explain why empiricism moved in this or in that direction, or to show that her steps have been taken on solid ground.—*Exchange*.

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING MARCH AND APRIL, 1925.

CLASSIFICATION.	MARCH.		APRIL.	
	Number.	Percentage.	Number.	Percentage.
After death.....	10	13.51	10	22.22
Seven days or less.....	6	8.11	4	8.89
Eight to fourteen days, inclusive.....	5	6.76	3	6.67
Fifteen to twenty-one days, inclusive.....	2	2.70	0	—
Twenty-two to thirty-one days, inclusive.....	2	2.70	1	2.22
WITHIN FIRST MONTH.....	25	33.78	18	40.00
Within second month.....	2	2.70	2	4.44
Within third month.....	3	4.05	2	4.44
Within fourth month.....	1	1.35	2	4.44
Within fifth month.....	4	5.41	3	6.67
Within sixth month.....	4	5.41	0	—
Within seventh month.....	0	—	1	2.22
Within eighth month.....	4	5.41	1	2.22
Within ninth month.....	2	2.70	1	2.22
Within tenth month.....	5	6.76	0	—
Within eleventh month.....	0	—	0	—
Within twelfth month.....	0	—	2	4.44
WITHIN FIRST YEAR PRECEDING DEATH.....	50	67.57	32	71.09
Within second year.....	8	10.81	7	15.56
Within third year.....	3	4.05	1	2.22
More than three years.....	13	17.57	5	11.11
Totals.....	74	100.00	45	99.98

PURITY OF ICE.

The freezing of water tends to force out most of the bacteria during the freezing process. Freezing cannot, however, be relied upon to free water from dangerous bacteria. Experiments have shown that the typhoid bacillus will remain alive in ice for a long period. Moreover, various factors tend to prevent water from crowding out bacteria in the freezing process, as for example, when shallow bodies of water freeze nearly to the bottom. Ice already formed may also be flooded with polluted water which may freeze and retain all contaminating material. Dirty ice is always suspicious.

It is also to be remembered that the purest ice may be dangerously contaminated by the ordinary methods of handling and distribution. For this reason it is never desirable to have ice come in contact with food or drink.

A HEALTH DEPARTMENT WITHOUT MEDICAL INSPECTORS.

“The American Journal of Public Health Association” for March, 1925, reprints an article by Dr. F. E. Harrington, M. D., LL.D., Commissioner of Health, of Minneapolis, Minn., and read at the annual meeting of the American Public Health Association, at Detroit, on October 21, 1924, in which Doctor Harrington describes the practice of his health department in doing without the services of medical inspectors. In substance, Doctor Harrington leaves the matter of diagnosis and control of communicable diseases virtually in the hands of the practicing physician. The practice of notification to the health department by the practicing physicians is still retained, but nurses are depended upon for epidemiological investigations and to carry out official efforts with a view to the control of communicable diseases. Doctor Harrington expresses himself as being highly satisfied with this procedure, which has been in operation in Minneapolis since 1920.

SMALLPOX IN MINNESOTA.

During the past year the health authorities in Minnesota as well as in Michigan have had to contend with a milignant type of smallpox. In Detroit, from January 1 to June 30, 1924, there were 1,508 reported cases of smallpox, with 140 deaths.

The record in the chief cities in Minnesota for the year 1924 is as follows:

	Cases.	Deaths.
Duluth.....	54	15
St. Paul.....	197	13
Minneapolis.....	860	219

For the rest of the state there were 234 cases with 51 deaths.

According to the bulletin issued by the Minnesota State Board of Health, under date of February 5, 1925, out of 307 fatal cases of

smallpox in 1924 none of the victims had been vaccinated within seven years; 47 had been successfully vaccinated more than 7 years before, 243 had never been successfully vaccinated, and 17 were unable to give a definite history of vaccination.

BALTO.

Last February diphtheria was epidemic in Nome. Hundreds of miles away was a supply of serum which it was hoped would check the disease if it could be got to Nome. The temperature was forty to sixty degrees below zero, the only means of transporting the serum was by dog sled. In Nome children were dying. Along the road to Nome, men hardened to the winter trails were called on to save them. Those men harnessed the finest dogs in the world, belted them in rabbit skin against such cold as no man can imagine who never felt it, gave them the word and mushed them into the storm.

Now it is proposed that a statue of a dog be set up in Central Park, New York. The dog is Balto, the lead dog of the team of Gunnar Kasson, the man who drove the last relay to Nome. Balto is the symbol of all the dogs of all the teams that took the serum through. Hardly has the plan taken form than an organization calling itself the Citizens' Medical Reference Bureau interposes its objection. The objection is premised on the statement that diphtheria antitoxin is a failure. Evidently the Bureau is of the opinion that Balto used bad bacteriological judgment. He should have shaken his head and said to Gunnar Kasson, "I'll be no party to this medical fraud." The wrong-headed dog didn't do this. He only padded dumbly over the non-theoretical trail into the trackless sleet of polar wind.

What in the name of courage and devotion has a theory of medicine to do with that dog's grim loyalty to the law of the Northern trail? If an airplane had been able to make the trip it would have been chalked up to the achievement of invention. If a sailor tries to save the lives of men in a burning turret, it is no stain on his heroism that some men do not believe in warships. Balto deserves a monument. He deserves a better monument than the one designed for him. Published drawings of that design depict a mournful beast that more resembles a sick bear than a good sledge dog. From both his friends and their opponents Balto needs defense.

— *Boston Transcript*.

AN ADDITIONAL ADVANTAGE IN CULTURING DIPHThERIA CONTACTS.

A recent Connecticut State Department of Health bulletin calls attention to a possible incidental value in addition to the well recognized importance of culturing the contacts of a clinical case of diphtheria. Three cases are cited in the bulletin in which the culturing of contacts of clinical cases disclosed among the latter diphtheria carriers who subsequently came down with the disease. In all three instances knowledge that the patients had been carriers led to the prompt administration of anti-toxin and in one of the cases in which the disease began with alarming laryngeal symptoms, the life of the patient would not otherwise have been saved.

SUMMARY OF THE WORK, APRIL, 1925.

BUREAU OF ADMINISTRATION.

	April.	Mar.		April.	Mar.
Prosecutions ordered	30	11	Personnel:		
Legal notices	413	290	Resignation	1	0
Personnel:			Temporary employ-		
Provisional temporary			ment extended	1	0
appointments	2	1	Provisional employ-		
Employee suspended	1	0	ment terminated	1	0
Permanent appoint-			Promotions	0	1
ments	1	0	Death of employee	0	1
Leave of absence	0	1	Orders issued	0	1
Leave of absence with-			Special drafts	1	1
drawn	0	1			

LICENSES, PERMITS, ETC., ISSUED.

	April.	Mar.		April.	Mar.
Burial permits	1,217	1,326	Garbage licenses granted-	3	1
Milk licenses	1,575	1,798	Undertaker, relocation	0	1
Pedlers' licenses granted,	118	92	Undertakers, relicensed	154	0
Hen licenses granted	480	834	Denatured alcohol li-		
Goat permit granted	1	0	censes	1	3
Hearing on lunch room	0	1	Non-alcoholic beverage		
Hearing on bakery	0	1	licenses	1	0
Stable hearing	1	1	Manicure-massage:		
Day nurseries licensed	3	0	Granted	60	66
Stable permit granted	1	0	Massage license re-		
Stable permit granted			voked	1	0
provisionally	0	1	Dumps approved	17	7
Provisional stable permit			Dumps disapproved	2	1
extended	0	1	Forcible removal	1	1
Provisional stable permit			Lying-in Hospitals li-		
revoked	1	0	cense disapproved	3	2
Poultry licenses granted,	1	834	Hen permit revoked	0	1
Offensive trade	0	7	Public lodging houses ap-		
Grease licenses granted	78	8	proved	6	0

BUREAU OF COMMUNICABLE DISEASES.

	April.	Mar.		April.	Mar.
Visits:			Medical inspectors' ac-		
By medical inspectors,	1,415	1,413	tivities:		
By veterinarian . . .	148	161	Schick tests	665	6,763
By investigator . . .	292	321	Schick readings . . .	688	3,532
By nurses	4,646	4,677	Toxin-antitoxin injec-		
Cases brought to Boston			tions	1,833	5,936
for treatment	128	135	Vaccinations	22	22
Deaths investigated . .	26	19	Vaccination certificates .	0	2
Nurses' Schick activities,	3,186	16,231	Antitoxin injections . .	7	8

MEDICAL DIVISION.

HEALTH UNIT (Blossom Street).

	April.		April.
HEALTH DEPARTMENT:		Child Hygiene Division:	
Work performed by Medical		Number of conferences .	8
Inspector:		Conference attendance .	377
Visits made by medical in-		New babies at conferences,	41
spector in the district .	41	Home visits to babies .	1,677
Vaccinations performed by		COMMUNITY HEALTH ASSOCIA-	
medical inspector . . .	23	TION:	
Number of vaccination cer-		General Division:	
tificates issued	10	Home visits by nurses .	819
Antitoxin, antityphoid,		Posture Clinics:	
Schick tests, and toxin-		Number of clinics . . .	7
antitoxin administered .	66	Attendance	49
Number of children exam-		BOSTON DISPENSARY:	
ined for camps and		Calls by district physicians .	40
day nurseries	102	BOSTON SANATORIUM:	
Dental Service:		Calls made by nurses in the	
Number of operations . .	817	district	939
Number of dismissals . .	117	Tuberculosis contact, chil-	
Number of children treated,	431	dren's clinics	2
Nutrition Service:		Number of children examined,	48
Number of conferences .	8	STATE DEPARTMENT MENTAL	
Conference attendance .	89	DISEASES:	
Number of home visits .	66	Habit Forming Clinic:	
Poster Classes:		Number of clinics . . .	3
Number of classes . . .	12	Attendance	28
Attendance	276	Home visits	47
Cooking Classes:			
Number of classes . . .	4		
Attendance	27		
Nurses' Visits:			
Communicable disease			
visits by nurses in dis-			
trict	72		
Routine medical inspection of			
adults (Evening Service),	11		
Miscellaneous:			
Complaints of insanitary			
conditions	8		
Number of persons given			
health and other informa-			
tion	500		
City visitors	100		
Out of city visitors . .	15		

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, APRIL, 1925.

SYPHILIS.

Current cases under investigation April 1, 1925	16
New cases assigned during the month	<u>10</u>
Total	<u><u>26</u></u>

DISPOSITION OF CASES.

Located:	
Placed under treatment	5
Under treatment	<u>0</u>
Not Located:	
Search abandoned	7
Under investigation April 30, 1925	<u>14</u>
Total	<u><u>26</u></u>

GONORRHEA.

Current cases under investigation April 1, 1925	51
New cases assigned during the month	<u>61</u>
Total	<u><u>112</u></u>

DISPOSITION OF CASES.

Located:	
Under treatment	3
Placed under treatment	<u>10</u>
Further treatment unnecessary	0
Not Located:	
Search abandoned	42
Fraudulent use of name	<u>0</u>
Under investigation April 30, 1925	<u>57</u>
Total	<u><u>112</u></u>

SUMMARY.

Current cases under investigation April 1, 1925	67
New cases assigned during the month	<u>71</u>
Total	<u><u>138</u></u>

DISPOSITION OF CASES.

Located:	
Under treatment	3
Placed under treatment	<u>15</u>
Further treatment unnecessary	1
Not Located:	
Search abandoned	49
Fraudulent use of name	<u>0</u>
Under investigation April 30, 1925	<u>71</u>
Total	<u><u>138</u></u>

Form letters mailed to above patients	64
Form letters unclaimed returned from post office	20
Form letters accepted by patients	44
Venereal disease complaints:	
New cases	8
Under investigation April 1, 1925	8
Disposition of complaints:	
Placed under treatment	3
Under treatment	1
Unable to locate	3
Moved out of Boston	0
Under investigation April 30, 1925	9
Visits by investigators	365

CHILD HYGIENE DIVISION.

	April.	Mar.
<i>Total number of all visits</i>	12,793	12,666
Visits to new cases	1,080	1,298
Visits to old cases	10,967	10,571
Ophthalmia cases:		
Visits by Child Hygiene Division	300	398
Infant mortality investigations	147	166
Maternal death investigations	0	8
Cooking classes	4	4
Poster classes	19	13
Baby Conference Stations attended	336	352
Nutritional Conference Stations attended	56	30
Instructive conferences attended	243	181
Special visits	56	185

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	April.	Mar.
New reports	4,773	4,216
Stores inspected	6,379	4,864
Sanitary defects remedied	210	185
Complaints at office	43	30
Referred to Sanitary Division	18	20
Milk applicants.	146	137
Notices to abate nuisances	194	119
Peddlers:		
Applications for licenses approved	123	92
Vehicles inspected and approved	496	544
Court cases	11	14
Convictions	5	10
Fines	\$90	\$290
Continued	0	2
Filed	0	2
Laboratory Examinations:		
Bacteriological	1	3
Chemical	4	3

CONDEMNATIONS.

REQUESTED.				
Asparagus	223	crates	Pineapples	1 can
Beets	6	cans	Poultry	16½ pounds
Beef	176	pounds	Pumpkins	3 cans
Candy	44	pounds	Pork	5 pounds
Chestnuts	1	barrel	Spinach	303 barrels
Cheese	2½	pounds	Loganberries	1 can
Frankforts	450	pounds	Marshmallow	2 boxes
Grapes	2	cans	Sausage meat	60 pounds
Ham	17	pounds	Strawberries	30 boxes
Lamb	23½	pounds	Salmon	7 cans
Livers	2		Soup	5 cans
Lettuce	320	crates	Tomatoes	2 cans
Oranges	1	box	Turkey	41 pounds
Peaches	1	can	Tongue	2 pounds
			Veal	35 pounds

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.				
Eggs	1		Lemon	1
			Lime	1
			Color	1
CHEMICAL LABORATORY.				
Condensed milk	1			

LIVE STOCK INSPECTION (Brighton Abattoir).

	April.	Mar.		April.	Mar.
Cattle inspected	19	280	Parts condemned (lbs.)	177	1,275
Calves inspected	5,275	6,520	Animals condemned	9,196	10,215
Swine inspected	3,896	3,620			

DAIRY DIVISION.

	April.	Mar.		April.	Mar.
Total inspections	1,833	1,028	Inspections of milk plants and licensed dealers	307	355
Dairies inspected	749	394	Bacteriological examinations	100	48
Scoring above 50*	445	247	High bacterial counts investigated	11	29
Scoring below	304	147	Country creamery inspections	16	11
With milk rooms	429	240	Sediment tests	628	176
Without milk rooms	320	154			
Inactive	22	15			
Total cattle inspected	9,969	5,865			

* Passible mark.

BUREAU OF MILK INSPECTION.

	April.	Mar.		April.	Mar.
Chemical inspection of:			Frankforts	0	1
Milk	1,503	1,492	Bologna	0	3
Bacteriological examination of:			Ice cream	43	45
Liquor	0	3	Milk	721	714
Sausage pickle	0	1	Butter	4	3
Eggs	9	12	Vinegar	70	78
Water	2	0	Court cases	27	19
			Fines	\$485	\$460

SANITARY INSPECTION.

	April.	Mar.		April.	Mar.
Original inspections	4,263	2,904	Complaints	687	558
New reports	4,285	3,627	Court cases	8	5
Reinspections	11,090	7,226	Fines	\$40	0
Legal notices served	307	255			

BACTERIOLOGICAL LABORATORY.

	April.	Mar.
Diphtheria	1,175	1,366
Tuberculosis	329	328
Typhoid	55	49
Gonorrhea	772	693
Gonorrheal ophthalmia	88	94
Syphilis	1,609	1,648
* Other examinations	25	49
Bacteriological examinations of milk	718	714
Bacteriological examinations of ice cream	43	44
Milk bottles examined	0	3

* Smear from ear for organisms, 1; paratyphoids, 2; feces for typhoid, 5; urine for typhoid, 5; fluid from pleura for organisms 1; smear for organisms, 1; fluid for organisms, 1; smear for Vincent's Angina, 1; genito-urinary examinations, 4; malaria, 4.

DANGERS FROM COOKING UTENSILS.

The *Lancet*, London, remarks that as soon as health enthusiasts recommend a particular kind of a cooking utensil, some investigator points out its dangerous possibilities.

We have been told that there is danger from appendicitis from swallowing detached pieces of enamel from enamel or agate cooking ware.

It has been conceded that nickel-lined utensils are all right for alkaline fluids or food but we have been told that they are unsuitable for acid foods, as stewed fruits for example.

The chemists have issued warnings against vessels made of aluminum or zinc, containing alloys. Iron and steel are branded as objectionable because they may rust.

Experts tell us that cirrhosis of the liver, otherwise known as "gin drinker's liver," is not due to gin or alcohol but to the use of copper stills. This suggests the wisdom of avoiding copper cooking utensils and we have been left with nothing apparently safe except earthenware. Now, finally, we are authoritatively informed that dangerous lead poisoning possibilities lurk in the casserole because of the lead which may, in the cooking process, be extracted from the glazing of an earthenware vessel.

The *Lancet* points out that this last warning still leaves possible safety in platinum-lined cooking utensils, which so far have not been found to be objectionable except in the matter of cost.

VITAL STATISTICS, APRIL, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING APRIL, 1925, WITH COMPARATIVE FIGURES FOR APRIL, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,034	1,073	—30	15.98	16.58	— .60
Nonresidents deducted.....	844	892	—48	12.93	13.78	— .85
By Age:						
Under one year.....	134	134	—	2.05	2.07	— .02
One year to four years, inclusive.....	63	65	—2	.96	1.00	— .04
Sixty years and over.....	388	390	—2	5.94	6.02	— .08
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	70	83	—13	1.07	1.28	— .21
Arteriosclerosis.....	45	42	+3	.67	.65	+ .02
Heart disease.....	170	155	+15	2.57	2.39	+ .18
Nephritis, chronic.....	49	45	+4	.75	.69	+ .06
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,379	1,605	—226	21.13	24.79	—3.66
b. Registered stillbirths.....	46	50	—4	.70	.77	— .07
Stillbirths per 1,000 births and stillbirths.....				32.28	30.21	+2.07
c. Deaths of mothers from causes incident to childbirth.....	10	12	—2	.15	.23	— .08
Deaths of mothers per 1,000 births and stillbirths.....				7.01	7.25	— .24
Deaths of children in first year of life..	134	134	—	2.05	2.07	— .02
Deaths in first year per 1,000 live births,				97.17	83.48	+13.69
VIOLENCE:						
Accidents.....	50	52	—2	.77	.80	— .03
Homicides.....	1	2	—1	.015	.03	— .015
Suicides.....	10	8	+2	.15	.12	+ .03
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	15	20	—5	.23	.31	— .08
Broncho-pneumonia.....	65	65	—	.99	1.00	— .01
Cancer.....	98	102	—4	1.50	1.57	— .07
Cirrhosis of the liver.....	4	5	—1	.06	.08	— .02
Diabetes mellitus.....	13	18	—5	.20	.28	— .08
Diarrheal diseases, children under two years of age.....	7	4	+3	.11	.06	+ .05

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, APRIL, 1925.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
					1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:		1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
Anterior poliomyelitis.....	Cases..	2	2	—	.03	.03	—
	Deaths.	—	—	—	—	—	—
Cerebrospinal meningitis.....	Cases..	9	1	+8	.14	.015	+.12
	Deaths.	6	—	+6	.09	—	+.09
Diphtheria.....	Cases..	139	270	—131	2.13	4.17	—2.04
	Deaths.	10	24	—14	.15	.37	—.22
Influenza.....	Cases..	31	14	+17	.47	.22	+.25
	Deaths.	10	—	+10	.15	—	+.15
Measles.....	Cases..	1,382	753	+629	21.17	11.63	+9.54
	Deaths.	16	3	+13	.24	.05	+.19
Pneumonia (lobar).....	Cases..	219	209	+10	3.35	3.23	+.12
	Deaths.	70	70	—	1.07	1.08	—0.01
Scarlet fever.....	Cases..	338	394	—56	5.18	6.09	—0.91
	Deaths.	4	8	—4	.06	.12	—0.06
Tuberculosis (pulmonary).....	Cases..	180	169	+11	2.76	2.61	+.15
	Deaths.	51	65	—14	.78	1.00	—0.22
Tuberculosis (other forms).....	Cases..	38	45	—7	.58	.69	—0.11
	Deaths.	16	9	+7	.24	.14	+.10
Typhoid fever.....	Cases..	7	5	+2	.11	.08	+.03
	Deaths.	1	3	—2	.015	.05	—0.03
Whooping cough.....	Cases..	153	37	+116	2.34	.57	+1.77
	Deaths.	6	—	+6	.14	—	+.14

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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No. 6

INFANT MORTALITY.

The following is a summary of the results of an investigation of infant mortality made under the direction of the Children's Bureau, United States Department of Labor:

Twenty-three thousand babies born in eight American cities, studied through their first year or as much of the first year as the infant survived, furnished the data for a comprehensive analysis of infant mortality in this country made public by the Children's Bureau of the United States Department of Labor.

Expected to form the basis for further effort to reduce infant mortality in the United States, and especially the mortality during the first months of life, this report is considered one of the most important yet issued by the Children's Bureau. Latest figures, it is pointed out, indicate that there are annually 187,000 deaths under one year of age in the United States, 98,000 of them occurring during the first month.

The eight cities studied, in each of which bureau investigators working in co-operation with local health authorities visited each mother to whom a baby was born during the year previous to the study, are: Johnstown, Pa.; Manchester, N. H.; Brockton, Mass.; Saginaw, Mich.; New Bedford, Mass.; Waterbury, Conn.; Akron,

Ohio; and Baltimore, Md. The data obtained from the eight cities is consolidated in this new report, which is the work of Dr. Robert Morse Woodbury, formerly Director of Statistical Research for the Children's Bureau.

Doctor Woodbury, in the introductory summary of the report, emphasizing the importance of a thorough knowledge of the causes of infant mortality, states:

"A thorough knowledge of the causes of infant mortality is the first step toward their complete control. In the light of such knowledge preventive measures may be intelligently planned to produce a maximum of result. These measures may be aimed to prevent the spread of specific infectious diseases—for example, vaccination for smallpox, the Schick test and toxin-antitoxin immunization against diphtheria, disinfection of the eyes to prevent ophthalmia neonatorum, or the practice of surgical cleanliness to prevent tetanus and other infections immediately following birth. They may be directed toward the control of gastric and intestinal diseases, to effect which involves not simply the prevention of infection but the inculcation of right principles of infant feeding. Again, they may be directed toward the control of the mortality of early infancy, the main causes of which lie in the care and condition of the mother during pregnancy and childbirth.

"The pathological cause of infant deaths must be reported on death certificates by the physicians in attendance. But the analysis of infant mortality, if it is to be thorough, must be carried beyond the pathological cause to antecedent and predisposing causes and causal factors. Differences in inborn vigor or vitality may account in part for differences in the rates for the different races, even as they may account for differences in the rates for male and female infants or for twins and triplets and single-born infants. The prejudices and traditions of certain race groups have their influence upon the infant mortality rates for these races, as, for example, the custom of mothers of Portuguese extraction of giving 'sopa,' a dish prepared from softened crackers, to babies a few hours old, or the preference of Italian women to be attended at confinement by midwives, and their custom of wrapping their 'bambinos' in swaddling clothes. The influence of type of feeding and other elements of infant care demand careful consideration in the study of causes of infant mortality."

Doctor Woodbury's analysis of the causal factors in the infant mortality among the 23,000 babies studied indicates the following main facts:

1. Causes peculiar to early infancy (related to prenatal and natal conditions) were first in importance and responsible for nearly one third of the deaths under one year, the rate from these causes being 36.1. Gastric and intestinal diseases gave a rate of 32.4; respiratory diseases 19.6; epidemic and other communicable diseases 7.1.

2. The mortality decreased month by month during the first year of life, dropping from 44.8 in the first to 9.3 in the second month, and to 4.5 in the twelfth.

3. Seasonal conditions influenced the mortality rates. August showed the maximum mortality from gastric and intestinal diseases, January the minimum. From respiratory diseases the maximum mortality occurred in February, the minimum in August. Epidemic and other communicable diseases were slightly more prevalent in the late winter and early spring.

4. Mortality was lowest for infants born in August and highest for those born in June.

5. Mortality for male babies was about one fourth higher than for females, a fact apparently explainable only by a difference in vitality to the disadvantage of the male sex.

6. Factors relating to the physical condition of the mother also influenced the mortality rate. It was found, for instance, that infants of mothers who died within one year after confinement had a mortality from all causes over four times the rate for those whose mothers lived. A small group of babies whose mothers were known to have had tuberculosis had a very high mortality. High rates were also found among babies whose mothers were reported to have had convulsions.

7. First-born children had a slightly higher mortality than second-born. Leaving the first-born out of account, the mortality rate tended to increase with the order of birth, although this increase was associated primarily with increasing economic pressure.

8. The age of the mother did not have any marked influence on the mortality rate except in the case of first-born babies, among whom higher rates prevailed when the mother was under twenty or over forty years.

9. The mortality rate was highest for infants born within a short interval (within approximately one year) after preceding births, and lowest when a four-year or longer interval occurred between births.

10. The mortality rate for premature infants was over six times as high as that for infants born at term.

11. Mortality from all causes was much higher among twins and triplets than among other babies.

12. Mortality among the exclusively artificially-fed babies averaged between three and four times that among the exclusively breast-fed. Early artificial feeding was especially harmful. Partially breast-fed babies had a mortality rate higher than the exclusively breast-fed but lower than the exclusively artificially-fed.

13. Infant mortality rates classified according to the color and

nationality of the mothers showed the lowest rates for Jewish babies, and in ascending order, higher rates for native white, German, Italian, colored, Polish, French-Canadian and Portuguese. The range was from 53.5 to 200.3.

14. Housing congestion, employment of the mother away from home, and low earnings on the part of the father, were other very important factors influencing the infant death rate. Irrespective of all other factors, it was discovered that the infant death rate varied inversely with the earnings of the father.

The number of infants covered by Doctor Woodbury's report is approximately the annual number of births in Boston. Practically all the national and racial elements to be found in the cities included in the Children's Bureau investigation are also comprised in the population of Boston.

During the past ten years, infant mortality in Boston has been the subject of repeated investigations from different angles by the Boston Health Department. In a general way, the conclusions of such investigations coincide with those of the Children's Bureau, just as in a general way it may be stated that a low infant mortality usually goes with a moderately low birth rate or that a low infant mortality may be expected among the offspring of normally developed intelligent parents, living under good economic conditions, and in an environment to which they have become habituated.

But when it comes to actual causes of infant mortality in a given locality, generalizations are to be applied with caution, for infant mortality is affected by complex and more or less obscure factors which may not be the same everywhere.

For one example, Boston is to a great extent the hospital center of northern New England and the Maritime Provinces. Sickly infants and precarious maternity cases from elsewhere come into Boston to such an extent as to affect the infant mortality probably to a greater degree statistically here than in the case of any other large American city. On an average for the last five years, 18 per cent of the children under one year of age who have died in Boston have been nonresidents of the city. If the proportion of such non-resident deaths were not greater than in other large American cities, Boston would make a more favorable showing in infant mortality.

"A thorough knowledge of the causes of infant mortality," may be "the first step towards their complete control," but from Boston experience, it would appear that such knowledge is not obtainable from officially recorded causes of death. Even after a special painstaking inquiry on the part of our statistical division to

reduce to a minimum the probability of unjustifiable conclusions as to the real causes of infants' deaths, it has still been evident that we must often accept for official records what Raymond Pearl has characterized as "material fundamentally of a dubious character."

Unless there be conspicuous external evidence of defective physical development, the death of an infant is not likely to be attributed to congenital causes in the physician's death certificate. As mal-assimilation with evidence of irritation or infection of the digestive or nervous systems are the most common and conspicuous terminal symptoms in deaths of infants, diseases of the digestive or nervous systems are likely to appear with unjustifiable frequency in death certificate as causes of death.

It has taken no great amount of going behind death certificates in Boston to become convinced that certainly more than one half of the present infant mortality in Boston is due to congenital inability to live. No elaborate study of available information is necessary in order to see that the outstanding problem of Boston's infant mortality at present is deaths which are not going to be prevented by any care which can be given the infant after birth. How much of such infant mortality may be preventable by the application of conventional theories with respect to the care of mothers during the period of gestation remains to be seen, but it is quite evident that a good deal of Boston's infant mortality calls for the application of prenatal care to the grandparents.

Infant mortality is reckoned on the basis of annual deaths under one year per one thousand births. An apparent reduction in infant mortality can therefore always be produced by taking measures to secure the official registration of a greater proportion of actual births in any city or town. The improvement which has been going on for the last twenty years in the United States with respect to the registration of births invalidates much of the commonly accepted statistical data with respect to decreasing infant mortality. For the past fifteen years, it is believed that the registration of births has been sufficiently complete in Boston to make our infant mortality statistics directly comparable year by year, but it is not believed to be safe to carry direct statistical comparisons with the present much further back than this.

From data on which we feel we can rely as trustworthy, it appears that the infant mortality of Boston has decreased about 30 per cent in the last fifteen years. While for reasons stated in the beginning, it is impossible to tell directly from official records just how different causes of death have figured in this decrease in infant mortality, the conclusion seems warranted that it is due entirely to a decrease in infections of the digestive tract.

No attempt has been made here as in some other cities to study the relation of this decrease to improving conditions of the community and household cleanliness, tending to check the breeding of flies and to lessen their opportunities to come in contact with human excreta, but the relation of Boston's decrease in infant mortality to the successive stages by which the city's pasteurized milk supply was increased from about 30 to 95 per cent is striking and unmistakable.

While Boston's infant mortality has decreased about 30 per cent, the conclusion seems warranted that deaths from infections of the digestive tract have decreased not far from 70 per cent. Even after liberally discounting this estimate, and considering other causes of infant mortality, past and present, it seems probable that something is happening to prevent the decrease in total infant mortality which might reasonably be expected from the decrease in fatal infections of the digestive tract in the last fifteen years. Are infants who are incapable of living saved from infections of the digestive tract only to die with some other symptoms, or are more infants succumbing to other possibly preventable causes, or is there an actual increase in the number of infants congenitally incapable of living?

Whatever may be the answer to these questions, it is quite evident that as infections which we know how to prevent and other more or less accidental causes have decreased in importance as factors in infant mortality in Boston, other factors as yet very imperfectly understood have been brought out into greater prominence.

The infant mortality rate in Boston for the last five years has successively been as follows:

Year.	Rate.	Year.	Rate.
1920	100.8	1923	82.5
1921	77.3	1924	74.7
1922	92.7		

or an average of 85.6 per 1,000 births per annum. The marked annual fluctuations in Boston's infant mortality during these five years still awaits a satisfactory explanation. From statistical evidence it is not due to increases and decreases in any single cause of death.

Adjacent to, and almost surrounded by, Boston is Brookline, with its 45,000 inhabitants. During the same five years above noted, Brookline's infant mortality as shown by its official records has been successively at the rate of 68, 40, 77, 51 and 21 per 1,000 births. For these years the official record has been based on births and deaths which occurred in the town. In the words of the health officer, "about two fifths of the Brookline babies are born in hospitals outside the town, so that our infant mortality rates do not mean much."

Yet there are to be found among the different wards or districts in Boston variations almost as striking as the difference between Boston as a whole and Brookline. Moreover, the variations in infant mortality among the different wards in Boston are not altogether what one might expect.

Of the four districts or wards in Boston which are especially conspicuous for their average low infant mortality, two are down town. One is the most congested district in the city and the other is the Back Bay, whose distinctive advantage would seem to be the average economic condition of the residents. The other two wards are residential districts in the southeastern part of the city where two and three family houses with yards prevail. The average for these four wards in recent years is below sixty deaths per 1,000 births. But curiously, there are two other apparently more favored outlying residential southwestern districts where the single family house is most common, which show an infant mortality consistently higher than in any of these four wards. Here we find an infant mortality reaching ninety-seven in former years.

In two of the first named four districts, the congested downtown districts and one of the two and three family house districts, there is a large Jewish element in the population. In all the other districts mentioned the population is largely of older American stock or second or third generation Irish.

Our efforts to discover some indications as to the relative extent to which common causes of infant mortality are operative in different wards or districts in the city have thus far been unconvincing. There is not only the unreliability of officially recorded causes of death to take into account, but the same ward may vary markedly in its infant mortality from year to year and apparently also with respect to causes of such mortality. It may be stated, however, that there are indications that the higher mortality in the two southwestern residential wards specifically referred to above may be due to a larger amount of congenital defectiveness.

Our attempts to draw practical conclusions from a study of the nativity of the mothers have also been unsatisfactory. So far as our efforts in this direction have gone, they indicate somewhat unexpectedly that infant mortality for native American and Jewish and Italian mothers is virtually the same in Boston and noticeably lower than for foreign-born French, Scandinavian or Irish mothers. In the study of the nativity of mothers, we have seen nothing to confirm the claim that the daughters of immigrants are less prolific than subsequent generations, but there are indications that this may be so, at least for some racial or national stocks and that some of the obscure as well as the more obvious causes of infant mortality may be incidental to a racial adjustment to a new environment.

The Children's Bureau's investigation in the eight American cities showed that the infant mortality among artificially-fed infants was much higher than among the breast fed. This has been found to be true the world over. It was brought out strikingly by a survey made by the Boston Health Department in 1912. As one of the results of that investigation it appeared that of the infants who died in Boston in 1911 between the ages of two weeks and one year 413 were breast-fed and 1,186 were bottle-fed.

It is not to be assumed, however, that this mortality can be entirely or even largely prevented by breast feeding. There are legitimate reasons for artificially feeding an infant, but as a rule a mother who is unable or unwilling to nurse her infant is abnormal in one way or another. Abnormal females cannot be expected to have normal offspring. In considering local statistics it it also to be remembered that artificial feeding may be tried by medical advice in effort to save the life of an abnormal infant.

According to the Children's Bureau investigation, "irrespective of all other factors, it was discovered that the infant death rate varied inversely with the earnings of the father." In an attempt to discredit this conclusion, it has been argued by somebody speaking for New Bedford that personal care and not economic condition is the important factor in preventing infant mortality and it was pointed out that last year when economic distress was universal in New Bedford, the infant mortality was lower than in 1918 when everybody was being employed in the mills at the highest wages ever known, and in consequence of employment of mothers in the mills babies were presumably being neglected. This argument, however, loses its force because the infant mortality in this part of the country was markedly increased in 1918 by the influenza epidemic.

We find in Boston that in general the infant mortality will vary with the economic condition of the parents. It has been found to vary in Boston in adjoining neighborhoods in the same ward, populated by the same immigrant stock, but differing in economic condition. On analysis, it was to be seen that it was a difference in the intelligence and energy of the individual people in the two neighborhoods which made the difference in their economic condition. As a rule, economic conditions are thus the product of the people themselves. People who are capable of properly looking out for their interests in other respects may be expected to be able to look out for their children. But the record of infant mortality in certain wards of Boston, to which reference has been made, shows that a good economic condition does not alone assure the minimum infant mortality.

The solution of infant mortality problems calls for something

besides appropriations for intensive child welfare work. There is a disposition on the part of various agencies to over-capitalize the special needs of the infant and child. The prevention of infant mortality and the welfare of infants and of children are dependent upon the well being of the entire community in its broadest aspects, and also upon the operation of certain biological laws which we do not yet understand.

We should honestly face the probability that unknown factors are affecting the value of much of our infant and child welfare work. This is not the only field of human endeavor in which we are groping more or less in the dark. Even in prescribing appropriate care for the individual infant or child we are none too sure of our ground. We now know that in our anxiety to keep disease germs out of children, twenty-five years ago, we spoiled them physically by incidentally depriving them of food elements which were essential to their proper physical development. It was children whose parents were most solicitous of their welfare who suffered most from the approved teaching of those days.

We have learned some things since then, but the finished product of more recent intensive infant and childhood cultivation often leaves much to be desired when he, and especially she, is judged by what has for ages been considered the physical characteristics of a normal male or female human being.

Several times during the past few years we have had to revise our teachings with respect to factors which may influence nutrition. Further revisions are not improbable and ten years from now we may be teaching that spinach is not good for infants because it contains a poisonous toxin, and that the combination of its oxalic acid with the excess calicum in the baby's milk fills the baby's bowels and kidneys with sharp irritating oxalate of lime crystals, laying the foundation for kidney stones and other internal troubles. It is even conceivable that some day it may be taught that good old fashion rare beef may be equally efficacious as carrots and bananas in building children up into real red-blooded men of the kind who have developed this continent, made the United States, and given us the advantages and opportunities from which we all are now benefitting.

PHYSICIANS' REPORTS.

If official agencies are to do their best work and the people of the community derive the greatest amount of good from the money expended and the efforts made, the co-operation of every physician is necessary, and only by thus working together can results be derived.

Births should be promptly reported to the City Registrar, and the laws of the Commonwealth so provide, with a penalty for failure or laxity on the part of the attending physician in this regard. This is not only a duty to the child and its parents but a serious obligation that rests on the physician in attendance, with the consequent obligation on the part of the Health Department to do whatever is possible to keep the child alive by instruction and educational advice to its parents.

So is it with tuberculosis and other communicable diseases. The statutes oblige every physician to report immediately any and all cases of communicable diseases that come to his attention, regardless of whether or not another physician has previously seen the case. Too often are cases not reported, particularly tuberculosis, until the period arrives when the physician knows that the patient will die and that he will be obliged to sign the death certificate as tuberculosis. There are agencies in this city and state that are using every endeavor to improve the condition of the tuberculosis patient and prolong his life, and these agencies should be given their chance as soon as the opportunity provides, and this opportunity is at the time when the physician first make his diagnosis. In other communicable diseases a serious outbreak is often prevented by official agencies by the prompt reporting of the disease on the part of the physician. Let us help the citizens of Boston by doing the best we can for them, and in matters of sickness, particularly communicable disease, the medical profession and the Health Department working together can do much to allay a situation even in individual cases that might not only save a life but prevent an outbreak or an epidemic. Therefore, report all births and all communicable diseases as soon as you see them. Do not wait but make this an imperative duty.

AVOID TYPHOID FEVER DURING YOUR VACATION.

"The means by which typhoid fever may be prevented from spreading are very simple, very sure, and their cost next to nothing."
— WILLIAM BUDD, "Typhoid Fever," London, 1873.

"The case of typhoid fever now in your house was caused by the ignorance or the carelessness of someone; don't let your carelessness cause the illness, and may be the death, of others."— Health Department, Richmond, 1909.

Typhoid fever is communicable from the sick to the healthy. The disease is "infectious," "contagious," and "catching." The germs (the infection) of typhoid fever leave the body of a person

sick with the disease in the stools and urine. A number of these germs may be contained in a particle of feces or in a droplet of urine too small to be seen by the unaided human eye. Fingers soiled to the slightest degree with the excreta from a typhoid fever patient and flies which have had access to such excreta may carry typhoid germs directly to human mouths or to beverages and foods which are subsequently to be swallowed by persons. If excreta from typhoid fever patients are not properly disposed of they may be carried by seepage or drainage, on the feet of animals, and in other ways to water supplies and to certain fruits and vegetables. Infection in water may be transmitted to milk, oysters and other foods.

In these various ways the infection proceeding from the discharges of the typhoid fever patient may be distributed far and wide.

SUMMARY.

1. Typhoid fever is caused by the presence of minute plants, known as "typhoid germs," in the human body and is "catching."
2. Typhoid germs come from persons, and only from persons.
3. Typhoid germs come from persons who suffer from typhoid fever and also from some persons who are in² apparently good health.
4. Typhoid germs are discharged from the bodies of infected persons in the excretions from the bowels and kidneys.
5. Typhoid fever is preventable by practical measures which prevent human excreta from reaching human mouths.
6. Proper disposal of human excreta will prevent not only typhoid fever but also many other serious diseases, and constitutes, for any community, one of the best possible investments.

—(United States Public Health Service.)

It is due to ignorance, and is a reflection upon the intelligence of any person, to become ill with typhoid fever or smallpox. Protective means have been discovered by which these diseases may be banished. It has been demonstrated that vaccination will protect you. Why not take advantage of this really free protection? Consult your family physician or the Health Department before you leave for your vacation.

VACCINATION IS SAFE — IT IS SOUND — IT IS
SURE.

SANITATION OF A SUMMER CAMP.

It is generally understood that a summer camp is used for seeking health and pleasure without modern convenience. Campers usually revert to primitive methods of existence and presumably obtain enjoyment therefrom. In this manner there is often more harm done than good, as irresponsibility and irregularity often follow with this care-free mode of living. One thing should be forcibly borne in mind,—that is, that the camp should at all times be maintained in a **sanitary manner**.

He who selects a suitable site and builds his camp in a proper manner, examines his food carefully and protects himself from his natural enemies is a wise and happy camper.

The site is very important. High ground should be chosen where the breezes blow and the drainage is good. Do not select a place where another camper has been, and if you are not satisfied, move on.

Be sure that the water supply is pure. The source should be proved to be uncontaminated and if there is the slightest reason to be suspicious of the water, it should be boiled. This is a practical method to use. Another method is by the use of bleaching powder. Add a teaspoon of chloride of lime to a pint of water and keep in a well stoppered bottle. A teaspoon of this solution should be placed in two gallons of water, and after standing for thirty minutes the water is absolutely safe for drinking.

Guard against insects of all kinds. The camp should be **screened**. Remember that flies breed in manure and filth. Watch the mosquitoes. There are a few preparations that will keep away the pests. Oil of citronella is one, and another is castor oil and pine tar, in equal parts. A little smudge in the campfire at night is also of benefit.

Dispose of all animal and human waste in a proper manner. Burn whatever is possible; bury deep what you cannot burn and protect that which you cannot bury. If your camp site is permanent, the garbage may be handled in properly covered cans and then burned. Do not scatter dish water indiscriminately about. It will attract flies and is otherwise objectionable.

It is very important to provide a suitable toilet. Soil pollution is one of the greatest causes of disease today in our country. Do this not only for your own protection but for the welfare of others. Be sure to protect it from insects by screening. Do not pollute the streams.

Select only proper foodstuffs. Secure ice if possible. Keep it in the camp refrigerator, made by placing one box within another,

with hay between, and care for all perishable foodstuffs in this manner. It is of utmost importance to guard your foodstuff zealously.

Last, but of least importance, interest yourself in **your own welfare**. Be moderate. Beware of the farmer's corn and cucumbers. Eat sparingly of foods to which you are unaccustomed. Regard all wells with suspicion. Rest as much as you can, but exercise with moderation. In short, with the proper environment, food and recreation, your vacation will be a happy and profitable one.

It is Well to Know that

Vaccination is a preventive against smallpox.

Smallpox is prevalent in many parts of the country and in Canada.

The existing type is of greater virulence than in previous years. In a recent outbreak in Windsor, Ontario, not a death occurred in a vaccinated person.

In Detroit no one contracted smallpox who had a recent vaccination scar.

Negative vaccinations do not mean that you are immune to smallpox.

The older the scar the more reason for revaccination.

Smallpox diminishes in states and country where vaccination is compulsory.

Vaccination is the only protection against smallpox.

SMALLPOX IN AMERICAN COLLEGES.

There have been no cases of smallpox in the student body of the University of California, Berkeley, since 1907, when the regents adopted the rule that all students must possess satisfactory evidence of immunity to smallpox before they can be admitted. In the year 1924 alone, 9,424 cases of smallpox were reported in California. During the year, students came in contact from time to time with three cases of smallpox among employees of the University to whom the rule as to evidence of immunity to smallpox has not been applied. None of these three employees had been vaccinated. In 1913, the students were exposed to a smallpox epidemic in Berkeley. Inquiry on the part of Prof. Robert T. Legge of the University of California show of fifty American colleges or universities, twenty-five required evidence of vaccination on the part of entrants. The inquiry also showed that the occurrence of cases of smallpox among college students is quite frequent and that during the past ten years serious epidemics have occurred in American colleges of universities

— United States Public Health Service Reports.)

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during May. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.27	3.71	12
Allen, Fred H.....	12.13	3.65	26
Antetomasso, Peter.....	12.75	4.23	8
Barron, Clarence W.....	14.29	5.22	6
Bergmann, John H.....	12.70	4.03	12
Bolio, William.....	12.62	4.01	9
Brandley, T. J. & P. J.....	12.12	3.68	8
Casey, James D.....	12.67	3.93	14
Cashin, James F., & Co.....	12.31	3.91	20
Cedar Hill Farm, Inc.....	13.32	4.57	11
Chapin, George L.....	12.12	3.55	14
Childs Brothers.....	12.42	3.85	16
Clapp, Frank L.....	12.28	3.40	10
Clark, Levi.....	12.10	3.80	20
Cohen, Benjamin.....	12.07	3.45	100
Converse, Marquis M.....	12.51	3.92	15
Corkery, John H.....	12.18	3.65	141
Crowell, Raymond.....	12.74	3.98	17
Cummings, F. S., Company.....	12.25	3.67	11
Cunningham, Paul.....	13.26	4.45	8
Cusick, William H.....	11.85	3.38	373
Deerfoot Farms Company.....	12.65	3.95	14
Dellagatta, Joseph.....	11.98	3.61	17
Denehy, Timothy.....	12.58	4.03	582
Driscoll, William B., Company.....	12.46	3.76	12
Duggan Brothers.....	12.58	3.78	60
Edgerly, Frank S.....	12.38	3.82	22
Elm Spring Farm Milk Company.....	12.22	3.75	26
Endicott Farms Milk Company.....	13.21	4.72	2
English, John, & Sons.....	12.65	4.32	48
Feeley, Catherine M.....	12.40	3.80	22
Ferguson, Malcolm D.....	12.78	3.98	76
Floyd Milk Company.....	12.58	4.00	8
Furbush, Almon J.....	13.26	4.20	8

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands In One Cubic Centimeter.
	Per Cent.	Per Cent.	
Garfield, Mason.....	14.96	5.30	9
Garvin, Charles E.....	13.50	4.82	11
Giroux, J. E., & Co.....	12.45	3.85	33
Griffin Brothers.....	12.74	4.10	32
Griffin, Joseph L.....	12.49	3.78	15
Gushee, W. S. & C. W.....	12.68	3.98	30
Hagar, J. M., & Sons.....	12.34	3.77	14
Hancock, T. H., Company.....	12.36	3.90	30
Hardy, Lewis S.....	12.02	3.57	208
Herlihy Brothers.....	12.26	3.88	254
Hickey, Martin J.....	12.00	3.60	14
Holden, John E.....	12.21	3.83	12
Holland & Cosgrove.....	12.80	4.05	23
Hood, H. P., & Sons, Inc.....	12.23	3.75	16
Howe, F. Esther.....	12.78	3.82	7
Hutchinson, Frank T.....	12.29	3.70	246
Jones, William T., Company.....	12.59	4.03	40
Kendall Brothers Company.....	12.32	3.66	173
Kennedy, Robert, Jr.....	12.68	3.98	116
Kingston, Samuel.....	12.87	4.35	7
Klawe & Freeman.....	12.64	4.05	64
Knapp, George J.....	12.20	3.65	127
Kozlofsky, Fedora.....	12.80	3.90	21
Lang Brothers.....	12.26	3.73	45
Larsson, Charles.....	12.56	3.78	17
Lincoln Farms Company.....	12.37	3.90	10
Lyndonville Creamery Company.....	12.46	3.66	152
Manning, Peter.....	12.52	3.90	40
Maple Farm Milk Company.....	12.60	3.95	56
McAdams, John F.....	12.25	3.78	183
McKernan, John.....	12.98	4.05	34
Munchbach, George.....	12.29	3.63	30
Millwood Farm, Inc.....	12.17	3.75	15
Newton & Pope.....	13.17	4.20	89
Noble, William F., & Sons.....	12.66	3.98	14
Robinson, Albert J.....	12.69	4.15	130
Robinson, James A.....	12.70	4.40	30
Runkle & Dean.....	12.84	4.21	140
Schuster, Adam.....	12.55	3.88	24

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Seven Oaks Dairy Company.....	12.32	3.81	12
Shick, Jacob.....	12.10	3.51	30
Smith & Lynch.....	12.34	3.80	120
Somerset Farms Milk Company.....	12.95	4.12	8
Sterling Farms Milk Company.....	12.34	3.70	18
Stone, Howard L.....	12.30	3.75	62
Stuart, Wallis E.....	12.42	3.85	14
Sullivan, Jeremiah D.....	12.26	3.76	205
Sullivan, John L.....	12.18	3.48	47
Swett, Warren J.....	13.58	4.85	30
Turner Centre System, Inc.....	12.46	3.87	13
Vartanian, Gazar.....	12.20	3.65	92
Vartanian, Setrag.....	12.83	4.17	9
Walker-Gordon Laboratory Company.....	12.28	3.82	2
Ware, George H.....	12.56	3.85	17
Weiler, E., & Sons.....	12.22	3.65	36
Werner, F., Company.....	12.56	3.91	140
Westwood Farm Milk Company.....	13.37	3.78	10
White Brothers.....	12.42	3.95	12
Whittemore, Warner D.....	12.26	3.83	16
Whiting Milk Companies.....	12.42	3.86	66
Wiswall, Granville A.....	12.38	3.76	93
Wittenberg & Recks.....	12.16	3.75	13
Woodland, Charles L.....	12.08	3.75	52

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic and Pacific Tea Company.....	H. P. Hood & Sons, Inc.....	12.30	3.81	39
The Cloverdale Company.....	Turner Centre System, Inc..	12.66	3.95	145
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.66	4.06	17
Economy Grocery Company....	Whiting Milk Companies...	12.49	3.95	89
The Ginter Company.....	United Farmers Co-operative Creamery Company.	12.64	4.01	16
Morgan Brothers Company....	Morgan Brothers Company.	12.82	4.13	129
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.56	3.88	53
M. Winer & Co.....	Hyman Winer.....	12.16	3.53	150

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING MAY, 1925.

CLASSIFICATION.	Number.	Percentage.
	May.	May.
After death.....	3	6.38
Seven days or less.....	6	12.77
Eight to fourteen days, inclusive.....	1	2.13
Fifteen to twenty-one days, inclusive.....	3	6.38
Twenty-two to thirty-one days, inclusive.....	0	—
WITHIN FIRST MONTH.....	13	27.66
Within second month.....	5	10.66
Within third month.....	2	4.26
Within fourth month.....	1	2.13
Within fifth month.....	2	4.26
Within sixth month.....	1	2.13
Within seventh month.....	1	4.26
Within eighth month.....	2	4.26
Within ninth month.....	1	2.13
Within tenth month.....	1	2.13
Within eleventh month.....	1	2.13
Within twelfth month.....	3	6.38
WITHIN FIRST YEAR PRECEDING DEATH.....	34	72.39
Within second year.....	2	4.26
Within third year.....	3	6.38
More than three years.....	8	17.00
Totals.....	47	100.38

ICE ECONOMY.

Ice should not be exposed to the summer air.

Ice will last longer if it is cold when put into the refrigerator and therefore will keep food colder. Ice should not be left lying around until it is warmed up nearly to the melting point, as it will lose much of its value.

The refrigerator should be located in the coldest possible place and its doors should close tightly. Arrange so that your refrigerator will be opened for the shortest possible time when taking out or putting in food. Ice absorbs heat from the surrounding air and objects. Thus, when ice is allowed to absorb heat from the surrounding air, the ice is wasted and the temperature of the food is thus lowered sufficiently to prevent it from spoiling.

A wise precaution is to wrap the top of the piece of ice and the side opposite the refrigerator door with paper. This will tend to save the ice, as the paper will act as a nonconductor of heat and prevent the ice from absorbing the heat too rapidly, when the refrigerator is opened. This plan should not be overworked, however. Only by absorbing heat from the surrounding foodstuffs, and melting, can ice keep the temperature of food low enough to check decomposition, and ice must melt with a certain degree of rapidity in order to prevent food from spoiling.

Do not put chopped ice into water or other drinks in warm weather. Very cold drinks are often dangerous. Water and other drinks should be cooled in bottles placed in the refrigerator. When made with hot water, the drinks should be allowed to cool off before they are put into the refrigerator.

SUMMARY OF THE WORK, MAY, 1925.

BUREAU OF ADMINISTRATION.

	May.	April.		May.	April.
Prosecutions ordered	14	30	Personnel:		
Legal notices	398	413	Resignations	2	1
Personnel:			Retirement	1	0
Provisional temporary			Temporary employ-		
appointments	0	2	ment extended	0	1
Employee suspended	0	1	Provisional employ-		
Employee reinstated	1	0	ment terminated	2	1
Provisional appoint-			Promotions	2	0
ments made perma-			Transfers	4	0
ment	7	0	Military leave granted,	1	0
			Special drafts	0	1

LICENSES, PERMITS, ETC., ISSUED.

	May.	April.		May.	April.
Special meeting called	1	0	Garbage licenses granted,	0	3
Burial permits	1,127	1,217	Undertakers, relicensed	0	154
Milk licenses	1,616	1,575	Denatured alcohol li-		
Pedlers' licenses granted	253	118	censes	203	1
Hen licenses granted	85	480	Non-alcoholic beverage		
Goat permit granted	0	1	licenses	0	1
Stable hearing	1	1	Manicure-massage:		
Day nurseries licensed	5	3	Granted	289	60
Stable permit granted	0	1	Massage license re-		
Stable permit granted			voked	0	1
provisionally	1	0	Dumps approved	1	17
Stable permits revoked	2	0	Dumps disapproved	0	2
Provisional stable permit			Forcible removal	1	1
revoked	0	1	Lying-in Hospitals li-		
Poultry licenses granted,	0	1	cense disapproved	0	3
Offensive trade	1	0	Public lodging houses		
Grease licenses granted	4	78	approved	0	6
Sausage	2	0			

MEDICAL DIVISION.

	May.	April.		May.	April.
Visits:			Medical inspectors' ac-		
By medical inspectors,	1,734	1,415	tivities:		
By veterinarian . . .	172	148	Schick tests . . .	438	665
By investigator . . .	383	292	Schick readings . . .	537	688
By nurses . . .	5,238	4,646	Toxin-antitoxin injec-		
Cases brought to Boston			tions . . .	1,190	1,833
for treatment . . .	129	128	Vaccination . . .	466	22
Deaths investigated . . .	20	26	Vaccination certificates	32	0
Nurses' Schick activities,	2,165	3,186	Antitoxin injections . .	0	7

HEALTH UNIT (Blossom Street).

	May.		May.
HEALTH DEPARTMENT:		Child Hygiene Division:	
Work performed by Medical Inspector:		Number of conferences . .	8
Visits made by medical in-		Conference attendance . .	346
spector in the district . .	17	New babies at conferences,	51
Vaccinations performed by		Home visits to babies . .	1,622
medical inspector . . .	547	Dental Service:	
Number of vaccination cer-		Number of operations . .	1,081
tificates issued . . .	140	Number of dismissals . .	149
Antitoxin, antityphoid,		Number of children treated,	650
Schick tests, and toxin-		COMMUNITY HEALTH ASSOCIA-	
antitoxin administered . .	46	TION:	
Number of children ex-		General Division:	
amined for camps and		Home visits by nurses . .	879
day nurseries . . .	10	Posture Clinics:	
Nutrition Service:		Number of clinics . . .	8
Number of conferences . .	8	Attendance . . .	78
Conference attendance . .	65	BOSTON DISPENSARY:	
Number of home visits . .	10	Calls by district physicians .	26
Poster Classes:		BOSTON SANATORIUM:	
Number of classes . . .	4	Calls made by nurses in the	
Attendance . . .	116	district . . .	981
Cooking Classes:		Tuberculosis contact, chil-	
Number of classes . . .	1	dren's clinics . . .	2
Attendance . . .	6	Number of children examined,	43
Nurses' Visits:		STATE DEPARTMENT MENTAL	
Communicable disease		DISEASES:	
visits by nurses in dis-		Habit Forming Clinic:	
trict . . .	48	Number of clinics . . .	4
Routine medical inspection of		Attendance . . .	29
adults (Evening Service),	11	Home visits . . .	55
Miscellaneous:			
Complaints of insanitary			
conditions . . .	10		
Number of persons given			
health and other informa-			
tion . . .	400		

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, MAY, 1925.

SYPHILIS.

Current cases under investigation May 1, 1925	14
New cases assigned during the month	15
Total	<u>29</u>

DISPOSITION OF CASES.

Located:	
Placed under treatment	1
Under treatment	0
Not Located:	
Search abandoned	8
Under investigation May 31, 1925	20
Total	<u>29</u>

GONORRHEA.

Current cases under investigation May 1, 1925	57
New cases assigned during the month	50
Total	<u>107</u>

DISPOSITION OF CASES.

Located:	
Under treatment	5
Placed under treatment	14
Further treatment unnecessary	2
Not Located:	
Search abandoned	25
Fraudulent use of name	0
Under investigation May 31, 1925	61
Total	<u>107</u>

SUMMARY.

Current cases under investigation May 1, 1925	71
New cases assigned during the month	65
Total	<u>136</u>

DISPOSITION OF CASES.

Located:	
Under treatment	5
Placed under treatment	15
Further treatment unnecessary	2
Not Located:	
Search abandoned	33
Fraudulent use of name	0
Under investigation May 31, 1925	81
Total	<u>136</u>
Form letters mailed to above patients	63
Form letters unclaimed returned from post office	30
Form letters accepted by patients	33
Venereal disease complaints:	
New cases	9
Under investigation May 1, 1925	9
Disposition of complaints:	
Placed under treatment	2
Under treatment	1
Moved out of Boston	1
Under investigation May 31, 1925	11
Visits by investigators	347

CHILD HYGIENE DIVISION.

	May.	April.
<i>Total number of all visits</i>	10,982	12,793
Visits to new cases	946	1,080
Visits to old cases	10,036	10,967
Ophthalmia cases:		
Visits by Child Hygiene Division	233	300
Infant mortality investigations	101	147
Cooking classes	1	4
Poster classes	8	19
Baby Conference Stations attended	338	336
Nutritional Conference Stations attended	685	56
Instructive conferences attended	209	243
Special visits	82	56

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	May.	April.
New reports	3,844	4,773
Stores inspected	4,420	6,379
Sanitary defects remedied	179	210
Complaints at office	43	43
Referred to Sanitary Division	19	18
Milk applicants	211	146
Notices to abate nuisances	174	194
Peddlers:		
Applications for licenses approved	186	123
Vehicles inspected and approved	623	496
Court cases	5	11
Convictions	1	5
Fines	\$25	\$90
Continued	3	0
Filed	1	0
Laboratory Examinations:		
Bacteriological	4	1
Chemical	1	4

CONDEMNATIONS.

Almonds	26 pounds	Chicken	1
Asparagus	35 bunches	Corned shoulders	30 pounds
Butter	20 pounds	Frankforts	22 pounds
Dandelions	1 bushel	Ham	3 pounds
Milk evaporated	135 cans	Lamb	10 pounds
Olives	4 gallons	Pork	37 pounds
Peaches	1 can	Poultry	34½ pounds
Pickles	9	Rabbit	1
String beans	1 bushel	Sausages	1 pound
Tomatoes	5 crates	Sweetbread	1
Beef	958½ pounds	Veal	10 pounds
Bologna	20 pounds	Poppy seed	6¼ pounds
Chicken	7½ pounds	Pineapples	2

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		Marmalade	1
Chicken	1	CHEMICAL LABORATORY.	
Water filter	1	Orange drink	1
Ice cream powder	1		

LIVE STOCK INSPECTION (Brighton Abattoir).

	May.	April.		May.	April.
Cattle inspected	19	19	Parts condemned (lbs). . .	175	177
Calves inspected	2,897	5,275	Animals condemned . . .	6,600	9,196
Swine inspected	3,684	3,896			

DAIRY DIVISION.

	May.	April.		May.	April.
Total inspection	1,720	1,833	Inspections of milk plants and licensed dealers . . .	246	307
Dairies inspected	910	749	Bacteriological examinations	336	100
Scoring above 50*	846	445	High bacterial counts investigated	28	11
Scoring below	364	304	Country creamery inspections	9	16
With milk rooms	481	429	Sediment tests	153	628
Without milk rooms	429	320			
Inactive	38	22			
Total cattle inspected	11,506	9,969			

* Passable mark.

BUREAU OF MILK INSPECTION.

	May.	April.		May.	April.
Chemical inspection of:			Dye	1	0
Milk	1,513	1,503	Meat	1	0
Bacteriological examination of:			Ice cream	65	43
Whiskey	3	0	Milk	647	721
Eggs	0	9	Butter	2	4
Water	1	2	Vinegar	88	70
Condensed milk	1	0	Court cases	17	27
			Fines	\$265	\$485

SANITARY INSPECTION.

	May.	April.		May.	April.
Original inspections	1,975	4,263	Complaints	584	687
New reports	2,398	4,285	Court cases	4	8
Reinspections	7,486	11,090	Fines	\$40	\$40
Legal notices served	298	307			

BACTERIOLOGICAL LABORATORY.

	May.	April.
Diphtheria	841	1,175
Tuberculosis	337	329
Typhoid	55	55
Gonorrhea	801	772
Gonorrheal ophthalmia	78	88
Syphilis	1,658	1,609
* Other examinations	24	25
Bacteriological examination of milk	647	718
Bacteriological examinations of ice cream	65	43

* Paratyphoids, 2; smear for organisms, 1; fluid for organisms, 1; smear for Vincent's Angina, 1; genito-urinary examinations, 6; malaria, 11; dark field, 2; spinal fluid, 1.

VITAL STATISTICS, MAY, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING MAY, 1925, WITH COMPARATIVE FIGURES FOR MAY, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	942	940	+2	14.43	14.52	— .09
Nonresidents deducted.....	763	770	—7	11.69	11.89	— .20
BY AGE:						
Under one year.....	136	113	+23	2.08	1.74	+ .34
One year to four years, inclusive.....	52	57	—5	.80	.88	— .08
Sixty years and over.....	335	322	+13	5.13	4.97	+ .16
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	47	63	—16	.72	.97	— .25
Arteriosclerosis.....	33	37	—4	.50	.57	— .07
Heart disease.....	175	153	+22	2.68	2.36	+ .32
Nephritis, chronic.....	56	56	—	.86	.86	—
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,572	1,672	—100	24.09	25.83	—1.74
b. Registered stillbirths.....	52	55	—3	.80	.85	— .05
Stillbirths per 1,000 births and stillbirths.....				32.02	31.85	+ .17
c. Deaths of mothers from causes incident to childbirth.....	12	10	+2	.18	.15	+ .03
Deaths of mothers per 1,000 births and stillbirths.....				7.39	5.79	+1.60
Deaths of children in first year of life..	136	113	+23	2.08	1.74	+ .34
Deaths in first year per 1,000 live births.....				86.51	67.58	+18.93
VIOLENCE:						
Accidents.....	38	42	—4	.58	.65	— .07
Homicides.....	1	4	—3	.015	.06	— .045
Suicides.....	9	11	—2	.14	.17	— .03
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	10	14	—4	.15	.22	— .07
Broncho-pneumonia.....	56	51	+5	.86	.79	+ .07
Cancer.....	87	92	—5	1.33	1.42	— .09
Cirrhosis of the liver.....	4	7	—3	.06	.11	— .05
Diabetes mellitus.....	8	20	—12	.12	.31	— .19
Diarrheal diseases, children under two years of age.....	6	4	+2	.09	.06	+ .03

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, MAY, 1925.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
		1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:							
Anterior poliomyelitis.....	Cases..	1	2	-1	.15	.03	-.015
	Deaths..	—	—	—	—	—	—
Cerebrospinal meningitis.....	Cases..	3	2	+1	.04	.03	+.01
	Deaths..	2	2	—	.03	.03	—
Diphtheria.....	Cases..	112	219	-107	1.72	3.38	-1.66
	Deaths..	7	15	-8	.11	.23	-.12
Influenza.....	Cases..	24	10	+14	.37	.15	+.22
	Deaths..	4	1	+3	.06	.015	+.045
Measles.....	Cases..	1,202	729	+473	18.42	11.26	+7.16
	Deaths..	14	3	+11	.21	.05	+.16
Pneumonia (lobar).....	Cases..	171	171	—	2.62	2.64	-.02
	Deaths..	52	38	+14	.80	.59	+.21
Scarlet fever.....	Cases..	278	404	-126	4.26	6.24	-1.98
	Deaths..	7	5	+2	.11	.08	+.03
Tuberculosis (pulmonary).....	Cases..	157	183	-26	2.40	2.83	-.43
	Deaths..	56	65	-9	.86	1.00	-.14
Tuberculosis (other forms).....	Cases..	36	42	-6	.55	.65	-.10
	Deaths..	16	15	+1	.24	.23	+.01
Typhoid fever.....	Cases..	12	12	—	.18	.18	—
	Deaths..	3	—	+3	.04	—	+.04
Whooping cough.....	Cases..	119	75	+44	1.82	1.16	+.66
	Deaths..	4	1	+3	.06	.015	+.045

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the oneline where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, . . . (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

1559

MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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1925
B. P. L.

VOL. 14.

BOSTON, JULY, 1925.

No. 7

CERTIFIED GRADE "A" MILK AND "SUPERIOR" MILK.

The report of the Bureau of Milk Inspection of this department states that certified milk sold daily has increased by about 103 quarts; the consumption of this product is now apparently 3,307 quarts, or .89 per cent of the daily supply.

Grade "A" milk was the subject of legislation last winter in chapter 310 of the Acts of 1924. The dealers who sell this milk now must have upon the cap "Grade A Pasteurized" and the cap shall also state the day of the week upon which it was treated. This milk which shall be pasteurized and after pasteurization shall be kept at 50 degrees Fahrenheit shall contain not more than 25,000 bacteria per cubic centimeter and not less than 4 per cent milk fat.

It shall be produced at dairies receiving a permit to produce milk for that purpose and any permit so granted shall be revoked by the Board of Health granting it if the milk room is not clean, the cows healthy, if the cows' udders are not clean at milking time, if the cows are not milked with clean, dry hands into small top pails, if the milk is not removed from the stable immediately after milking, and if the milk is not quickly cooled to a temperature of 50 degrees or less.

Any person pasteurizing Grade A milk shall not use for such purpose any milk not more than forty-eight hours old or milk containing more than 250,000 bacteria per cubic centimeter. Those who pasteurize the milk shall at least twice a month determine the bacterial content of such milk.

The apparatus used in pasteurizing this milk is to be cleaned at the close of each day's work and to be in a clean condition when next used. The outfit shall be equipped with automatic recording thermometers approved by the Department of Public Health. All temperature records obtained in pasteurization of Grade "A" milk shall be kept on file for a period of not less than ninety days.

The bacteria count shall be determined by the methods of the American Public Health Association and the accepted figure shall be the medium of a series of not less than three or more than seven samples taken at approximately the same time. The dealers are to receive two warnings from the Board of Health which analyzes the milk. After the first warning, a second series of samples are to be taken and not less than five days thereafter intervening. If these are also bad a third series of samples may be taken not less than three days thereafter. It shall be considered a breach of this regulation if both the second and third series of samples exceed in bacterial content that provided therein.

Bottles containing this Grade "A" milk shall be covered with a cap or seal or such other covering device to protect the lip of the bottle from contamination. The cap shall also state the day of the week upon which the milk was pasteurized and shall bear the words "Grade A Pasteurized."

The amount of Grade A milk sold at present is less than that which was handled last year. The amount now is 15,688 quarts against 19,059 quarts in 1923. This shows a decrease of 3,371 quarts daily. The amount of this milk is 4.17 per cent of the milk consumed each day. This figure is likely to be larger next year.

Milk of the "Superior" type or of a high grade was supplied daily by the milkmen of this city to the amount of 15,437 quarts. This indicates an increase of 4,667 quarts daily as compared with the quantity of 1923. It represents 4 11 per cent of the daily supply and a substantial part of it is pasteurized. This milk receives its recommendation for excellence from the milkmen who sell it. It does not have the standing for excellence which is now given the Grade A milk.

Heated and Raw Milk.— The proportion of milk so treated was increased in 1924, the approximate delivery each day being 364,335 quarts, which represents 97.06 per cent of the supply. During 1923, the daily use of this type of milk was 377,210 quarts, representing

96.72 per cent of the daily consumption. Of this heated milk 279,809 quarts, or 76.80 per cent was delivered in bottles and 84,526 quarts or 23.2 per cent in cans.

There is a very small quantity of common raw milk which is supplied to the public by the milkmen. All told, it is 2.05 per cent of the total supply. This of course is delivered daily and must be taken into consideration in calculating the amount of milk, supplied daily to customers. There is in addition to this the certified milk, representing .89 per cent which is delivered raw.

Sale of Milk in Bottles.—Slow progress is being made in extending the sale of bottled milk in restaurants and hotels. It would be desirable to have all the milk served in these places handled in this manner, but many proprietors of these establishments view the subject from the price basis alone. They do not consider that by the bulk method the opportunities for increase in bacterial content are multiplied and that in many instances the cream is unevenly distributed by lazy or disobedient employees, so that it frequently happens that customers are served with skimmed milk instead of the normal product. The patrons of restaurants and hotels dealing in loose milk may be further defrauded by the dishonesty of the owners or help in these establishments through the wilful removal of cream and the serving of the resulting skimmed milk for milk. Under these circumstances consumers are not buying milk at a lower price because of its sale in bulk; they are being defrauded, and are paying more than the actual value of what is being served to them. The prosecutions for milk varying from the legal standards of fat or milk solids plainly indicate that as between the bottled milk in shops, hotels and restaurants; the predominance of these actions is very largely on account of the bulk product.

At this time all of the milk concerns are charging for bottles. This has had a marked influence on their condition. As this charge is passed on to customers by storekeepers, the milk bottle is thereby made an article of value to the consumer. Thus milk bottles are better conserved by the public, and more of them are annually returned to their owners.

As compared with former years there is pronounced advancement in the cleaning of milk and cream bottles by consumers, but there are many householders who continue the slovenly habit of not rinsing these containers after emptying. The education of these latter with respect to this proposition is a difficult problem, as the people concerned are filthy in other matters, as well as with milk bottles. This want of care with these bottles renders their subsequent cleaning difficult, and some times apparently impossible, by modern devices, so that particles of dried milk may adhere to the sides of the contain-

ers. Where these are later employed for the delivery of milk, their appearance may result in complaints from other consumers. These are brought to the attention of the Bureau and of the dealers. Thus the neglect of one individual may make trouble for many.

LIGHT AND HEALTH.

The efficacy of sunlight in treating or rather in preventing disease has been known somewhat empirically for ages although frequently not carried into effect. Now the value of sunlight and artificial sunlight is known or is in the process of being known scientifically. That sunlight or in its absence its artificial substitute is essential in preventing the development of rickets and bone tuberculosis is now generally recognized. The value of heliotherapy in many diseases of a bodily nature has been proved beyond peradventure.

At the recent meeting of the Royal Institute of Public Health at Brighton, England, Sir Henry Gauvain, the chief medical officer of the Cripples Hospital and College at Alton, near London, read a paper, the joint production of himself and Mr. McRae, on the effect of sun and artificial light treatment on the mentality of patients. He advanced the interesting hypothesis that light represents a kind of "brain food" and supported that view by reference to tests carried out by Mr. C. R. McRae of Melbourne.

According to the experience of Sir Henry Gauvain and Mr. McRae, proofs have been given that not only bacteriological infection is cured, as in the case of tuberculosis, but healthy tissue is actually built up by exposure of the body to sunlight or artificial sunlight by carefully regulated methods. Similar results have been attained in rickets; not merely has diseased bone been restored to a healthy condition but the growth of new bone to strengthen the wasted tissue has been demonstrated.

The authors of the paper, Sir Henry Gauvain and Mr. McRae, therefore think it is reasonable to suppose that by the use of similar methods other tissues also may be nourished and fortified. Is it not possible that the gray matter of the brain may be improved thereby? Indeed, they go further than suggesting that such may be the case, as they adduce in support of the suggestion the results of experiments, which, they hold, prove that greatly increased mental activity does follow upon exposure to sunlight under properly and scientifically carried out conditions. The workers at Alton observed again and again that sunlight treatment exercised a profound effect on the "spirits" of their patients and served to render them more capable of benefiting by the education provided for them.

Of course, it is not contended that sunlight provokes any fundamental change in the brain for the better, but arouses its innate capacities to greater efforts in the same way as the food of the body, stimulated by sunlight, enables the organism to develop its powers of action.

If these views are confirmed, or even partially confirmed by further investigations, they provide yet another argument in support of the contention that human material is wasted pitifully by the lack of sunlight. It is well known that insufficient sunlight results in stunted bodily growth and in the development of certain diseases.

If to these calamities is to be added a third, impoverishment of mental capacity, then the time is over due for the abolition of slums and smoke and dirt infested cities.

— Editorial, *Boston Medical and Surgical Journal*.

CARE OF BABY IN HOT WEATHER.

During the hot weather more attention must be given to the care of the infant at home because during this time of the year there is a great number of unnecessary and avoidable deaths. Diarrheal diseases, convulsions and other disorders peculiar to the hot weather are the leading causes of deaths of infants during the hot summer months. Infants, babies and young children are done much injury by perishable foods on account of the harmful effects of the heat upon the food, and of course this is particularly true of cow's milk. Over-eating and overfeeding by infants should be prevented. Breast milk is the best at all times, and it is the cheapest, safest of all infant foods. There will be less trouble this summer if mothers take heed and feed their infants at the breast. The hot weather always brings with it bowel trouble in bottle-fed babies. If the mother is unable to nurse her infant she should consult her physician before feeding the baby on the bottle. Nursing and not weaning is the proper thing, especially in hot weather.

The amount of food should be diminished one half and milk should be made up of half water that has been boiled. If cow's milk must be used be sure that it is clean, pasteurized milk that has been prepared according to your physician's instructions.

The infant and baby should have plenty of fresh air, preferably in the open, and on the shady side of the street. Keep flies and mosquitoes away from it. If unable to get out into the street, the porch or piazza is the next best place. See to it that the baby does not become overheated.

In summer but very little clothing is needed on the baby. A

cotton undershirt will serve as a covering, with the arms and legs of the infant uncovered and free. Let the infant lie on a clean, firm surface, and not on a pillow or heap of clothes. It is not necessary to wrap the baby in a diaper — the baby will be just as clean and more comfortable if allowed to simply lie on the diaper.

Bathe the baby every day, besides giving it a couple of sponge baths with cool water to which has been added baking soda. For drinking water, plenty of cool, boiled water is the best. Ice water should never be given a baby.

For instructions and advice, if parents cannot afford to consult a physician, there are baby clinics in all sections of the city where mothers are invited to bring their children for instruction and advice. One visit to a clinic may be the means of saving a baby. There is no excuse for ignorance to prevail when expert diagnostic advice and instructions are near your home.

VALUE OF REVACCINATION.

The following letter which was received from Dr. H. F. Root of Boston is of much interest and shows the need of revaccination:

DR. FRANCIS X. MAHONEY, City Hall, Boston, Mass.

DEAR DR. MAHONEY,— I read with interest the statements which appeared in the journal of the Boston Board of Health recently relating to smallpox vaccination.

I visited Washington a few weeks ago during the epidemic of smallpox in which twenty deaths resulted from sixty cases. Being impressed by the severity of the present epidemic, I urged the nurses at the New England Deaconess Hospital to be vaccinated again whether or not they had been vaccinated before. I can give the results in these cases, thirty-seven of whom had been successfully vaccinated at intervals varying from eight to twenty years previously. Twenty-five gave primary "takes." Seven gave somewhat accelerated reactions which I classed as vaccinoid. Six gave immune reactions and of these one had been vaccinated eight years ago and one had an immune reaction to vaccination two months ago. The other four had scars and histories of successful vaccinations from thirteen to twenty years previously.

I thought you might be interested in these results. This certainly shows that the nurses as a group need to be revaccinated, unless the vaccination is very recent. Of course this is as true of any other group of people but it was especially brought to my attention because of the death of two nurses in Washington.

Yours very truly,
HOWARD F. ROOT.

LABORATORY TESTS OF MILK BOTTLES AND CAPS.

To test the efficiency of bottle washing by the different firms, examinations of containers were made to determine their bacterial content. A total of 620 bottles were tested, and they were considered and reported on a lot basis, each finding is the average of two bottles collected from a dealer at one time. Figures were obtained representing 310 groups. On this group basis there were 156 returns on pint bottles and 154 on quart bottles. Detailed results are shown below:

GROUPS.	Size of Bottle.	Under 500 Bacteria.	Average Bacterial Content.	500 to 1,000 Bacteria.	Average Bacterial Content.	Over 1,000 Bacteria.	Average Bacterial Content.
156.....	Pint.....	95	172	14	660	47	2,965
154.....	Quart....	89	168	21	750	47	5,790

Where groups were found to contain organisms in excess of 1,000 the subject was called to the attention of the dealers. As a result of these notices, greater interest is being displayed in the matter of cleaning containers.

Bottle caps were also tested on the same plan as that adopted for the bottles. In all 620 were examined and averaged according to the dealers from whom they were obtained, on a basis of 310 groups. The result of these examinations appear below:

GROUP.	Under 50 Bacteria.	Average Bacterial Content.	50 to 100 Bacteria.	Average Bacterial Content.	Over 100 Bacteria.	Average Bacterial Content.
310.....	85	35	82	69	143	1,578

CLEANLINESS OF FOOD ESTABLISHMENTS.

In the course of many inspections of eating establishments it has been our experience that the proprietors, either through carelessness or lack of proper knowledge, do not keep the premises in a clean condition and fail to check up properly on the wastes of the business.

Prevention of waste and a proper use of left-over food is the secret of successful operation of a restaurant. Proper storerooms and kitchens should be provided, and then kept scrupulously clean. Floors and work tables should never be allowed to remain littered an instant after the necessity of using them in the work of preparation has ceased. Food dropped on the floor and not picked up is bound to be stepped on, and one spot makes many.

Cleanliness should be the first lesson taught. Employees should present at all times a neat and clean appearance. Cooks should be

meticulously clean about their personal toilet. Employees with dirty hands, untrimmed finger nails, unkempt hair left uncovered, dirty coats and aprons, may communicate the germs of filth and disease through the foodstuffs they handle. This applies still more forcefully where they are continually hand-mixing such articles of food as rolls, cakes, chopped meats and so on.

A man should be given definite duties and in these he should be held solely responsible. It is a fault to assign duties in a general way. It frequently happens so far as our observations go that where there was a general responsibility for an insanitary condition each individual responsibility was repudiated. No kitchen can be kept in a good sanitary condition unless each employee knows just exactly what is expected of him. Then should there be a failure on the part of some one in carrying out his allotted assignment the responsibility may be fixed at once. Some of the items which are uncared for are: Ovens are not swept out; cooking utensils not in use are uncleaned inside and out; greasy knives, forks and spoons lay around; bread crumbs accumulate in the bread box; containers for salt, vinegar, mustard, pepper and sugar are never cleaned. The floor is dry swept and chairs and tables are not kept clean. The coffee bags are not removed and cleaned with sufficient frequency and tend to spoil the product.

Too much emphasis could not be given to the need for strictest cleanliness. It must consist not only of personal cleanliness, but cleanliness of utensils and kitchen equipment and freedom from excessive bacteria and other minute organisms and parasites. Foodstuffs are liable to contamination unless kept perfectly clean, whether they are in the market, an express wagon, an ice chest or store room. Infected water, milk, oysters and certain vegetables have been known to have caused the spread of typhoid and other diseases, bringing sickness and death to many. Meats may contain parasites such as the tapeworm in beef, pork and mutton, and the deadly trichinæ in pork. Where such contamination evades detection by the unaided eye, thorough cooking produces sterility.

Raw fruits and vegetables are frequently contaminated by the use of certain fertilizers containing eggs of parasites. A thorough washing is desirable. The application of sufficient heat will destroy all organisms, and this is accomplished in the usual proper cooking of meat and vegetables.

The care of garbage is important. A sufficient number of metal containers with tight covers should be provided to care for the wastes of the business. From time to time these barrels should be washed out with potash water. If this is done each time they are emptied the barrels will keep clean and sweet. Tin cans should not be discarded until they have been flattened out to save space.

Mops, scrubbing brushes and soaps should be provided and kept in a particular place at all times when not in use; then they will be ready for use when required. It must be remembered that some powders or soaps will not clean copper, tin and aluminum.

MENTAL HYGIENE IN 1875.

“Brains rule the world. . . . A human brain is the last, the highest product, the ‘consummate flower’ of nature’s development on this planet.” Poor brains—“automatic ganglia” will grow like weeds on any soil. The best brains are only built by “educated evolution” in accordance with the working plans that nature furnishes. . . . We know, and can only know, the mind through the brain. . . . The development of the soul and mind—of the ego—resolves itself into the development of the brain. *“No perfect brain ever crowns an imperfectly developed body.”* . . . “Build the brain aright and the divine spirit will inhabit and use it. Build it wrongly and the devil will employ it.

. . . There must be a training alike of the brain and the body which yields the just and harmonious development of every organ.”

. . . Efforts to build a brain of the right sort have often “thwarted and obstructed natures’s way of work.” . . . “Especially is this true with regard to that female education, which has looked upon a girl as if she were a boy, and trained her as if she were to have a boy’s destiny.” —

[From an article by Dr. Oliver Wendell Holmes in the “Atlantic Monthly” for January, 1875, with quotations by him from the “Building of a Brain” by Edward H. Clark.]

INFANT MORTALITY IN LARGE CITIES, 1924.

The following compilation has been made by the American Child Health Association of infant mortality in large cities in the United States (per 1,000 births):

New York	68	San Francisco	56
Chicago	77	Queens Borough, N. Y.	69
Manhattan Borough, N. Y.	74	Milwaukee	70
Brooklyn Borough, N. Y.	64	Washington	76
Philadelphia	75	Newark	65
Detroit	79	Cincinnati	79
Cleveland	66	New Orleans	82
Boston	75	Minneapolis	54
Baltimore	85	Seattle	45
Bronx Borough, N. Y.	60	Indianapolis	77
Pittsburgh	92	Jersey City	77
Los Angeles	66	Rochester	59
Buffalo	84	Portland	54

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during June. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.33	3.68	11
Allen, Fred H.....	12.32	3.63	27
Antetomasso, Peter.....	12.86	4.23	9
Barron, Clarence W.....	13.33	4.42	7
Bergman, John H.....	12.54	3.85	29
Bolio, William J.....	12.34	3.90	28
Brandley, T. J. & P. J.....	12.19	3.71	10
Casey, James D.....	13.11	4.21	161
Cashin, James F., & Co.....	12.50	3.86	210
Cedar Hill Farms, Inc.....	12.60	3.90	6
Chapin, George L.....	12.14	3.65	54
Childs Brothers.....	12.21	3.58	73
Clapp, Frank L.....	12.32	3.60	15
Clark, Levi.....	12.09	3.72	18
Converse, Marquis M.....	13.19	4.45	54
Corkery, John H.....	12.24	3.58	178
Crowell, Raymond.....	12.76	3.86	34
Cummings, F. S., Company.....	12.30	3.66	16
Cunningham, Paul.....	13.04	4.17	11
Cusick, William H.....	12.57	3.90	86
Deerfoot Farm Milk Company.....	12.58	3.98	40
Dellagatta, Joseph.....	11.88	3.55	534
Denehy, Timothy.....	12.37	3.91	220
Driscoll, William B., Company.....	12.50	3.73	14
Duggan Brothers.....	12.58	3.80	45
Edgerly, Frank S.....	12.31	3.75	54
Elm Spring Farm Milk Company.....	12.09	3.66	44
Endicott Frams Milk Company.....	12.54	4.00	2
English, J., & Son.....	12.96	4.25	152
Feeley, Catherine M.....	12.71	3.92	90
Ferguson, Malcolm D.....	12.58	3.85	226
Floyd Milk Company.....	12.56	3.96	11
Furbush, Almon J.....	12.33	3.48	20

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands In One Cubic Centimeter.
	Per Cent.	Per Cent.	
Garfield, Mason.....	15.20	4.80	16
Garvin, Charles E.....	12.76	4.25	40
Giroux, J. E., & Co.....	12.27	3.65	39
Griffin Brothers.....	12.71	3.95	14
Griffin, Joseph L.....	12.62	3.80	13
Gushee, W. S., & Co.....	12.78	3.88	21
Hagar, J. M., & Sons.....	12.68	3.86	50
T. G. Hancock Company.....	12.32	3.76	34
Hardy, Lewis S.....	12.80	4.10	92
Herlihy Brothers Company.....	12.28	3.73	234
Hickey, Martin J.....	12.24	3.72	86
Holden, John E.....	12.44	3.81	28
Holland & Cosgrove.....	12.64	3.86	150
Hood, H. P., & Sons, Inc.....	12.33	3.76	25
Howe, J. Esther.....	12.94	4.10	24
Hutchinson, Frank T.....	12.26	3.71	413
Jones, William T., Company.....	12.42	3.88	30
Kendall Brothers.....	12.20	3.63	553
Kennedy, Robert, Jr.....	12.39	3.83	73
Kingston, Samuel.....	12.29	3.73	20
Klawe & Freeman.....	12.58	3.95	17
Knapp, George J.....	12.55	3.75	386
Kozlofsky, Fedora.....	12.80	3.91	16
Lang, Michael J.....	12.36	3.75	68
Larsson, Charles E.....	12.65	3.71	16
Lincoln Farms, Inc.....	12.68	4.05	20
Lyndonville Creamery Association.....	12.39	3.58	53
Manning, Peter.....	12.38	3.76	215
Maple Farm Milk Company.....	12.52	3.83	800
McAdams, John F.....	12.48	3.93	53
McKernan, John.....	12.84	4.00	16
Millwood Farm, Inc.....	12.09	3.72	12
Munchbach, George.....	12.24	3.66	152
Newton & Pope.....	12.51	3.87	142
Noble, William F., & Sons.....	12.46	3.86	62
Robinson, Albert J.....	12.59	3.95	193
Robinson, James A.....	12.60	3.91	39
Runkle & Dean.....	12.67	4.01	210
Schuster, Adam.....	12.41	3.86	23

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Seven Oaks Dairy Company	12.35	3.70	26
Shick, Jacob	12.34	3.65	348
Somerset Farms Milk Company	13.10	4.21	9
Sterling Farms Milk Company	12.33	3.63	18
Stone, Howard L.	12.16	3.65	44
Stuart, Wallis E.	12.76	4.03	12
Sullivan, John D.	12.37	3.87	62
Sullivan, John L.	12.72	3.90	569
Swett, Warren J.	12.49	4.07	51
Turner Centre System, Inc.	12.65	4.03	54
Vartanian, Gazer	12.27	3.72	39
Vartanian, Setrag	12.63	4.02	18
Walker Gordon Laboratory Company	12.04	3.61	3
Ware, George H.	12.56	3.76	18
Weiler, E., & Sons	12.30	3.56	75
Werner, F., Company	12.28	3.83	220
Westwood Farm Milk Company	12.33	3.65	14
White Brothers	12.47	3.76	10
Whittemore, Warner D.	12.42	3.87	15
Whiting Milk Companies	12.25	3.76	21
Wiswall, Granville A.	12.30	3.72	37
Wittenberg & Recks	12.24	3.66	12
Woodland, Charles L.	12.32	3.80	57

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc.	12.43	3.86	129
The Cloverdale Company	Turner Centre System, Inc. .	12.53	3.88	68
John T. Connor Company	Bellows Falls Co-operative Creamery Association.	12.58	4.05	15
Economy Grocery Company	Whiting Milk Companies ...	12.14	3.61	213
The Ginter Company	United Farmers' Co-opera- tive Creamery Company.	12.64	4.00	16
Morgan Brothers Company	Morgan Brothers Company.	12.70	4.13	27
O'Keeffe's, Inc.	J. M. Hagar & Sons	12.44	3.70	29
M. Winer Company	Hyman Winer	12.34	3.67	32

**TIME ELAPSING BETWEEN DATE OF REPORTING
CASES OF PULMONARY TUBERCULOSIS AND
DATE OF DEATH, DURING JUNE, 1925.**

CLASSIFICATION.	Number.	Percentage.
	June.	June.
After death.....	6	10.91
Seven days or less.....	5	9.09
Eight to fourteen days, inclusive.....	2	3.64
Fifteen to twenty-one days, inclusive.....	1	1.82
Twenty-two to thirty-one days, inclusive.....	2	3.63
WITHIN FIRST MONTH.....	16	29.09
Within second month.....	5	9.09
Within third month.....	3	5.45
Within fourth month.....	1	1.82
Within fifth month.....	1	1.82
Within sixth month.....	3	5.45
Within seventh month.....	2	3.64
Within eighth month.....	0	—
Within ninth month.....	1	1.82
Within tenth month.....	0	—
Within eleventh month.....	1	1.82
Within twelfth month.....	1	1.82
WITHIN FIRST YEAR PRECEDING DEATH.....	34	61.82
Within second year.....	8	14.55
Within third year.....	2	3.64
More than three years.....	11	20.00
Totals.....	55	100.01

MILK PACKAGE EXCHANGE REPORT.

Last year the Milk Package Exchange, Inc., collected from city encumbrance yards 155,008 milk bottles and the Milk Exchange's trucks brought in 360,709 bottles, and there was delivered by dealers to the Exchange 296,989 bottles, making a total of 812,706 bottles. These bottles brought considerable income to the Exchange. At the rate of two cents each the total amount would be \$16,254.12. Although this was somewhat less than the cost of the bottles it is very large when it is realized that it is practically wasted money, for if the dealers had all their bottles returned to them they would not have to pay the Milk Package Exchange for their trouble in the matter.

STABLE SURVEY.

Notices have been served on stable owners to the effect that all such building now on land but no longer being used for the stabling of horses will result in the revocation of all such permits for the stabling of horses that have been at any time issued by this department. The department has had the co-operation of such owners despite the fact that a stable right or permit has always been considered an asset to property owners. Since the owners have been so notified about 1,500 stable permits have been revoked in the City of Boston.

SUMMARY OF THE WORK, JUNE, 1925.

BUREAU OF ADMINISTRATION .

	June.	May.		June.	May.
Prosecutions ordered	41	14	Personnel:		
Legal notices	274	398	Resignations	0	2
Personnel:			Ret rement	0	1
Provisional temporary			Provisional employ-		
appointments	7	0	ment terminated	0	2
Employee reinstated	0	1	Promotions	0	2
Provisional appoint-			Transfers	0	4
ments made perma-			Military leave granted,	0	1
nent	0	7	Special draft	1	0
			Contracts awarded	3	0

LICENSES, PERMITS, ETC., ISSUED.

	June.	May.		June.	May.
Special meeting called	1	1	Sausage	1	2
Burial permits	1,217	1,127	Garbage licenses granted,	2	0
Milk licenses	1,071	1,616	Denatured alcohol li-		
Pedlers' licenses granted,	182	253	censes	79	203
Hen licenses granted	51	85	Non-alcoholic beverage		
Hen license revoked	1	0	licenses	1	0
Stable hearing	0	1	Manicure-massage:		
Day nurseries licensed	1	5	Granted	907	289
Stable permit granted			Massage licenses re-		
provisionally	1	1	voked	2	0
Stable permits revoked	1	2	Dump approved	0	1
Offensive trade	0	1	Forcible removal	0	1
Grease licenses granted	1	4	Undertaker, relocation	1	0

MEDICAL DIVISION.

	June.	May.		June.	May.
Visits:			Cases brought to Boston		
By medical inspectors,	1,178	1,734	for treatment	89	129
By veterinarian	234	172	Deaths investigated	26	20
By investigator	296	383	Nurses' Schick activities,	333	2,165
By nurses	5,691	5,238			

	June.	May.		June.	May.
Medical inspectors' activities:			Vaccination	100	466
Schick tests	43	438	Vaccination certificates	0	32
Schick readings . . .	46	537	Hospital investigations	14	0
Toxin-antitoxin injections	244	1,190	Physical examinations for summer camps .	197	0

CHILD HYGIENE DIVISION.

REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF JUNE, 1925.

New baby and preschool home visits	1,072
Old baby and preschool home visits	7,327
Total	8,399
Wrong address	220
Not seen	1,055
FEEDING:	
Breast	2,124
Formula	1,388
Formula and breast	487
Diet	3,125
Ophthalmia visits	253
Infant death investigation visits	56
Special visits	57
Total number of all visits	10,040

BABY CONFERENCES.

Number of conferences	93
Attendance	3,475
New babies	585

PRESCHOOL CONFERENCES.

Number of conferences	40
Attendance	396
New cases	186
Poster classes	3
Attendance at poster classes	139

HEALTH UNIT (Blossom Street).

MISCELLANEOUS UNIT ACTIVITIES:	June.
Complaints of insanitary conditions	11
Number of persons given health and other information	400
City visitors	3
Out of city visitors	8
Routine medical inspection of adults (evening service)	13

DENTAL SERVICE:

Number of operations	1,037
Number of dismissals	129
Number of children treated	322

	June.
NOSE AND THROAT SERVICE:	
Number of conferences	3
Number of examinations	189
Adenoids and tonsils operations recommended	39
MEDICAL DIVISION OF HEALTH DEPARTMENT:	
Work performed by Medical Inspector:	
Visits made by medical inspector in the district	38
Vaccinations performed by medical inspector	80
Number of vaccination certificates issued	47
Antitoxin, antityphoid, Schick tests, and toxin-antoxin administered,	32
Number of children examined for camps and day nurseries	245
Nurses' Visits:	
Communicable disease visits by nurses in district	78
CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:	
Number of baby conferences	9
Attendance at baby conferences	394
New babies at conferences	48
Number of preschool conferences	9
Attendance at preschool conferences	78
New cases at preschool conferences	32
Home visits to babies and preschool children	1,163
Infant death investigation visits	1
Ophthalmia home visits	17
Special visits	5
Number of poster classes	0
Attendance at poster classes	0
Number of cooking classes	0
Attendance at cooking classes	0
BOSTON SANATORIUM:	
Calls made by nurses in the district	1,002
Tuberculosis contact, children's clinics	4
Number of children examined	87
STATE DEPARTMENT, MENTAL DISEASES:	
Habit Forming Clinic:	
Number of clinics	3
Attendance	11
Home visits	19
COMMUNITY HEALTH ASSOCIATION:	
General Division:	
Home visits by nurses	848
Posture Clinics:	
Number of clinics	4
Attendance	18
BOSTON DISPENSARY:	
Calls by district physician	24
AMERICAN RED CROSS:	
Home Nursing Classes	0
Number of classes	0
Attendance	0

BOSTON LYING-IN HOSPITAL:	June.
Prenatal Clinic:	
Number of clinics	0
Attendance	0

HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:	June.
Complaints of insanitary conditions	0
Number of persons given health and other information	20
City visitors	4
Out of city visitors	13
Routine medical inspectoin of adults (evening service)	

DENTAL SERVICE:	
Number of operations	683
Number of dismissals	79
Number of children treated	325

EYE SERVICE:	
New cases	10
Number of refractions	25
Number of revisits	25
Classes prescribed	8

NOSE AND THROAT SERVICE:	
Number of conferences	3
Number of examinations	241
Adenoids and tonsils operations recommended	25

MEDICAL DIVISION OF HEALTH DEPARTMENT:	
Work performed by medical inspector:	
Visits made by medical inspector in the district	22
Vaccinations performed by medical inspector	28
Number of vaccination certificates issued	20
Antitoxin, antityphoid, Schick tests, and toxin-antitoxin administered:	
toxin-antitoxin, 4, first; 1 Schick test; 6 antityphoid, first and second	
Number of children examined for camps and day nurseries	90
Nurses' visits:	
Communicable disease visits by nurses in district	72

CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:	
Number of baby conferences	9
Attendance at baby conferences	254
New babies at conferences	56
Number of preschool conferences	9
Attendance at preschool conferences	103
New cases at preschool conferences	34
Home visits to babies and preschool children	688
Infant death investigation visits	4
Ophthalmia home visits	41
Special visits	0
Number of poster classes	3

	June.
Attendance at poster classes	139
Number of cooking classes	0
Attendance at cooking classes	0

BOSTON SANATORIUM:

Calls made by nurses in the district	240
Tuberculosis contact, children's clinics	0
Number of children examined	0

STATE DEPARTMENT MENTAL DISEASES:

Habit forming clinic:	
Number of clinics	4
Attendance	11
Home visits	21

COMMUNITY HEALTH ASSOCIATION:

General Division:	
Home visits by nurses	1,844
Posture clinics:	
Number of clinics	8
Attendance	113

BOSTON DISPENSARY:

Calls by district physician	10
---------------------------------------	----

BOSTON LYING-IN HOSPITAL:

Prenatal Clinic:	
Number of clinics	5
Attendance, 76; new 48; old 28.	

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, JUNE, 1925.

SYPHILIS.

Current cases under investigation June 1, 1925	20
New cases assigned during the month	8
Total	<u>28</u>

Located:

Placed under treatment	3
Under treatment	2

Not Located:

Search abandoned	6
Under investigation June 30, 1925	17
Total	<u>28</u>

GONORRHEA.

Current cases under investigation June 1, 1925	60
New cases assigned during the month	56
Total	<u>116</u>

DISPOSITION OF CASES.

Located:	June.
Under treatment	3
Placed under treatment	16
Further treatment unnecessary	0
Not Located:	
Search abandoned	36
Fraudulent use of name	0
Under investigation June 30, 1925	61
Total	<u>116</u>

SUMMARY.

Current cases under investigation June 1, 1925	81
New cases assigned during the month	63
Total	<u>144</u>

DISPOSITION OF CASES.

Located:	
Under treatment	3
Placed under treatment	19
Further treatment unnecessary	2
Not Located:	
Search abandoned	42
Under investigation June 30, 1925	78
Total	<u>144</u>
Form letters mailed to above patients	56
Form letters unclaimed returned from post office	13
Form letters accepted by patients	43
Venereal disease complaints:	
New cases	6
Under investigation June 1, 1925	11
Disposition of complaints:	
No disease	1
Placed under treatment	2
Under treatment	1
Moved out of Boston	7
Under investigation June 30, 1925	6
Visits by investigators	353

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	June.	May.
New reports	3,449	3,844
Stores inspected	3,912	4,420
Sanitary defects remedied	103	179
Complaints at office	56	43
Referred to Sanitary Division	12	19
Milk applicants	93	211
Notices to abate nuisances	213	174

	June.	May.
Peddlers:		
Applications for licenses approved	175	186
Vehicles inspected and approved	585	623
Court cases	7	5
Convictions	5	1
Fines	0	\$25
Continued	2	3
Filed	2	1
Laboratory Examinations:		
Bacteriological	9	4
Chemical	5	1

CONDEMNATIONS.

Asparagus	40 boxes	Pork	46 pounds
Bear	1 (whole)	Poultry	623½ pounds
Beef	21 pounds	Sweetbread	124
Hamburger	10 pounds	Veal	3,477 pounds
Tongues	18	Ox tail	1
Quahaugs	18 barrels	Trimming	4 pounds
Watermelons	62	Tripe	20½ pounds
Frankforts	10 pounds	Plucks	77
Lamb	4 (whole)	Livers	76
Lamb	96 pounds		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		Sherbet	2
Tap water	2		
Meat	1*	CHEMICAL LABORATORY.	
Butter	1	Orangeade	2
Petrole	1	Cherries	1
Gelatine	2	Coffee	1

LIVE STOCK INSPECTION (Brighton Abattoir).

	June.	May.		June.	May
Cattle inspected	18	19	Parts condemned (lbs.)	150	175
Calves inspected	1,997	2,897	Animals condemned	5,314	6,600
Swine inspected	3,319	3,684			

DAIRY DIVISION.

	June.	May.		June.	May
Total inspection	1,543	1,720	Inspections of milk plants and licensed dealers	328	246
Dairies inspected	831	910	Bacteriological examinations	624	336
Scoring above 50*	515	846	High bacterial counts investigated	20	28
Scoring below	316	364	Country creamery inspections	8	9
With milk rooms	451	481	Sediment tests	307	153
Without milk rooms	380	429			
Inactive	55	38			
Total cattle inspected	10,686	11,506			

*Passable mark.

BUREAU OF MILK INSPECTION.

	June.	May.		June.	May.
Chemical inspection of:			Dye	0	1
Milk	1,304	1,513	Meat	0	1
Bacteriological examina-			Ice cream	45	65
tion of:			Milk	624	647
Whiskey	0	3	Butter	1	2
Water	0	1	Vinegar	39	88
Condensed milk	0	1	Coffee	1	0
Liquor	4	0	Court cases	14	17
Canned goods	2	0	Fines	\$215	\$265
Tonic	2	0			

SANITARY INSPECTION.

	June.	May.		June.	May.
Original inspections	2,012	1,975	Complaints	747	584
New reports	24	2,398	Court cases	10	4
Reinspections	6,982	7,486	Fines	\$110	\$40
Legal notices served	260	298			

BACTERIOLOGICAL LABORATORY.

	June.	May.
Diphtheria	663	841
Tuberculosis	229	337
Typhoid	53	55
Gonorrhea	736	801
Gonorrheal ophthalmia	63	78
Syphilis	1,244	1,658
* Other examinations	68	24
Bacteriological examination of milk	653	647
Bacteriological examinations of ice cream	105	65

* Smear for Vincent's Angina, 2; genito-urinary examinations, 16; malaria, 8; dark field, 2; tap water, 1; orange sherbert, 1; gelatine, 2; shoulder butter ham, 1; miscellaneous food examinations, 20; water samples, 13; Ice samples, 2.

INCREASE IN ALCOHOLIC INSANITY.

The State Hospital Commission of New York has recently made an investigation of the number of cases of insanity due to alcohol during the past five years (prohibition years) in hospitals in that state and the New York *Times* publishes the figures as submitted by the commission, which are as follows:

Year.	Male.	Female.
1920	90	32
1921	167	26
1922	194	32
1923	220	56
1924	302	71

WHAT TO DO IF BITTEN BY A DOG.

Make sure of the ownership or home of the dog in order that it may be identified later.

See that the dog is kept alive and safely confined if possible. It is easy by watching a living dog a day or two to tell whether it has rabies. The examination of a dead dog for this purpose is often very unsatisfactory.

Go to a physician as soon as possible and have the bite treated and dressed.

Notify the police in person, or by telephone, giving the name and address of the person or persons bitten, and the ownership or such other information as may enable the police to find the dog.

Notify the Health Department (telephone, Congress 5100), giving the same information as to the police and also the part of the body bitten and the severity of the bite and the name of the physician who attended to the wound.

On receipt from the person bitten or from the police of the report of the dog bite, the Health Department sends a representative of the department to interview the person bitten, examine the dog, arrange for its removal to some place for observation, if deemed necessary, and to take any further steps which may be required in order to advise the person bitten whether he should take anti-rabic treatment.

If anti-rabic treatment is advised, the person bitten is told that he is expected to have his physician attend to the treatment. If unable to pay for a physician, the Health Department will have the treatment given at public expense.

TEN COMMANDMENTS FOR HAPPINESS.

BY DR. ABRAHAM MYERSON.

1. You shall not form idle prejudices.
2. Be courteous.
3. You shall control your emotions.
4. Don't be a superior person.
5. Don't be a carping critic.
6. Don't be a bore.
7. Don't talk at a person.
8. Be dignified, but not pompous.
9. Reserve opinions about people's faults for at least a month if you meet them.
10. Develop a sense of humor if you haven't got it.

VITAL STATISTICS, JUNE, 1925.

BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON DURING JUNE, 1925, WITH COMPARATIVE FIGURES FOR JUNE, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	836	862	-26	12.81	13.32	-.51
Nonresidents deducted.....	697	735	-38	10.68	11.35	-.67
By Age:						
Under one year.....	107	106	+1	1.64	1.64	—
One year to four years, inclusive.....	42	44	-2	.64	.68	-.04
Sixty years and over.....	317	306	+11	4.86	4.73	+.13
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, So CALLED:						
Apoplexy.....	61	51	+10	.93	.79	+.14
Arteriosclerosis.....	26	34	-8	.40	.52	-.12
Heart disease.....	140	155	-15	2.14	2.39	-.25
Nephritis, chronic.....	43	39	+4	.66	.60	+.06
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,703	1,567	+136	26.09	24.21	+1.88
b. Registered stillbirths.....	48	42	+6	.73	.65	+.08
Stillbirths per 1,000 births and stillbirths.....				27.41	26.10	+1.31
c. Deaths of mothers from causes incident to childbirth.....	7	20	-13	.11	.31	-.20
Deaths of mothers per 1,000 births and stillbirths.....				4.00	12.43	-8.43
Deaths of children in first year of life..	107	106	+1	1.64	1.64	—
Deaths in first year per 1,000 live births,				62.83	67.64	-4.81
VIOLENCE:						
Accidents.....	71	49	+22	1.09	.76	+.33
Homicides.....	1	4	-3	.015	.06	-.045
Suicides.....	3	7	-4	.04	.11	-.07
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	9	13	-4	.14	.20	-.06
Broncho-pneumonia.....	40	31	+9	.61	.48	+.13
Cancer.....	82	105	-23	1.26	1.62	-.36
Cirrhosis of the liver.....	9	8	+1	.14	.12	+.02
Diabetes mellitus.....	18	12	+6	.27	.18	+.09
Diarrheal diseases, children under two years of age.....	11	17	-6	.17	.26	-.09

BIRTHS, REPORTABLE ILLNESS, AND DEATHS, IN BOSTON, JUNE, 1925.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
		1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:							
Anterior poliomyelitis.....	Cases..	—	1	—1	—	.915	— .015
	Deaths..	2	—	+2	.03	—	+ .03
Cerebrospinal meningitis.....	Cases..	5	6	—1	.08	.09	— .01
	Deaths..	—	3	—3	—	.05	— .05
Diphtheria.....	Cases..	102	225	—123	1.56	3.47	—1.91
	Deaths..	6	10	—4	.09	.15	— .06
Influenza.....	Cases..	8	5	+3	.12	.08	+ .04
	Deaths..	2	2	—	.03	.03	—
Measles.....	Cases..	637	455	+182	9.76	7.03	+2.73
	Deaths..	8	1	+7	.12	.015	+ .10
Pneumonia (lobar).....	Cases..	71	128	—57	1.09	1.98	— .89
	Deaths..	22	29	—7	.34	.45	— .11
Scarlet fever.....	Cases..	156	259	—103	2.39	4.00	—1.61
	Deaths..	3	3	—	.04	.05	— .01
Tuberculosis (pulmonary).....	Cases..	174	162	+12	2.67	2.50	+ .17
	Deaths..	63	60	+3	.96	.93	+ .03
Tuberculosis (other forms).....	Cases..	38	39	—1	.58	.60	— .02
	Deaths..	10	6	+4	.15	.09	+ .06
Typhoid fever.....	Cases..	14	10	+4	.21	.15	+ .06
	Deaths..	2	1	+1	.03	.015	+ .015
Whooping cough.....	Cases..	129	37	+92	1.98	.57	+1.41
	Deaths..	6	1	+5	.09	.015	+ .07

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925, (mid year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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No. 8

PREVENTION OF SMALLPOX.

The Health Commissioner has had several conferences and communications with the Boston Chamber of Commerce during the past month in consequence of the request of the commissioner that the Chamber co-operate with him in calling attention to the smallpox situation in the country, and to show the organized business interests of Boston the desirability of having persons employed in business and commercial establishments vaccinated if tests do not prove them to be already immune to smallpox.

Steps were already taken by the Health Commissioner several months ago, with the approval and co-operation of the Mayor, to induce the large insurance companies, acting through local agents, to give their aid directly and through affiliated organizations in encouraging a vaccination or testing as to immunity on the part of the general public. It is the object of the Health Commissioner by such measures to lessen the chances of a smallpox epidemic in Boston, or should an outbreak occur to render it unnecessary to invoke a law which provides for general compulsory vaccination.

A circular poster prepared by the Chamber of Commerce and the Health Commissioner has been distributed to business establish-

ments, and, in addition, slips containing advice are being placed in pay envelopes of employees. To further stress the need of smallpox immunity, the Health Commissioner proposed a resolution (which was unanimously adopted) at a meeting of the Massachusetts Association of Boards of Health, held July 30, 1925, calling to the attention of the various organizations representing business the smallpox situation which has developed in this country. The Health Commissioner in consequence of this resolution sent the following letter to the president of the Boston Chamber of Commerce which explains the situation:

July 30, 1925.

ROLAND W. BOYDEN, Esq., *President, Boston Chamber of Commerce,*
Boston, Mass.

DEAR SIR,—For the reasons stated below, the Massachusetts Association of Boards of Health, at a meeting held July 30, 1925, voted to call to the attention of various organizations representing the business interests of Massachusetts, the smallpox situation which has developed in this country during the past few years, and which at any time may directly affect the business men and commercial interests as well as the public health officials of this state.

For more than thirty years a mild form of smallpox has prevailed in the United States.

Recently, however, a malignant type of the disease has manifested itself and about a thousand deaths have been caused by smallpox within the last two years. It has been extending from the West to the South and East. Last year this type of smallpox appeared in the District of Columbia, Pennsylvania, New York and Connecticut. It is not reasonable to expect that Massachusetts will continue to escape. When the disease does appear here alarming mortality may be expected to occur before an outbreak can be brought under control because Massachusetts' long freedom from a serious outbreak of smallpox has led people to neglect vaccination for many years and consequently the proportion of susceptibles to smallpox in the general population is unduly high.

Smallpox epidemics never have been and can never be prevented or be stopped except by the immunization of a large proportion of the population. Immunity to smallpox can be produced only in one of two ways. Either by having the disease or by artificially producing immunity to smallpox by vaccination. Anything like a natural immunity or protection against smallpox as occurs with respect to diphtheria, scarlet fever and some other diseases is so rare so far as smallpox is concerned, if it occurs at all, as to be practically not worth considering.

Quarantine or the segregation of the sick with smallpox as they

are discovered may serve to a certain extent to check the rapidity of the spread of an epidemic, but such measures are particularly ineffective in controlling a smallpox epidemic because of a peculiarity of this disease.

Very often after the beginning of a serious case of smallpox there may be a remission in the symptoms for a day or two, during which the person with this disease who does not suspect that he has smallpox at all, but who nevertheless has it in a stage most highly dangerous to other persons, feels well enough to go to his office, workshop or other place of employment and attend to business and consequently expose to infection everybody with whom he comes in contact there or in traveling back and forth.

If there should be a rumor of deaths from smallpox any day in, for example, Pittsburgh or Indianapolis, Massachusetts health officials would immediately begin to receive requests for authentic information regarding the situation in such a distant city. Moreover, such requests would usually be inspired by motives of very definite interest to business men of these cities.

Knowledge of a smallpox outbreak cannot be suppressed today. It is highly advertised by the measures which have to be taken to control the spread of the disease. The retail trade of a business or shopping center quickly feels this kind of publicity. After a few fatal cases of smallpox have occurred in a city, the discovery of a case or two of the disease among the employees of a retail store, restaurant or hotel makes particularly undesirable advertising for the owners of such an establishment.

Efforts, in advance of an epidemic, on the part of such an owner to have his employees protected by vaccination might not result in 100 per cent protection and a case of smallpox might possibly occur in his establishments, but in such event the fact that most of the employees were certainly immunized would render unnecessary the measures which would otherwise serve to give publicity to the presence of smallpox in the establishment.

For the reasons just suggested, it is bad business to wait until within the actual presence of a smallpox epidemic before taking protection measures. It is good business to start to vaccinate now in advance of an epidemic.

Efforts now on the part of employers to bring about the vaccination of their employees may not prevent an epidemic in the community, but will certainly prevent the possibility of some highly undesirable advertising for the employer's business if an epidemic comes.

It is to be remembered that if a person is already immune to smallpox the vaccination will not "take." Moreover by a com-

paratively recent discovery it is now possible to tell from the appearance of the skin in the case of a failure to take whether the person is really immune.

The old procedure therefore of revaccinating in an effort to get a "take" is no longer necessary. The vaccination procedure in competent hands thus serves now either to immunize or to show that a person is already immune.

Respectfully yours,

F. X. MAHONEY, M. D.,
Health Commissioner.

THE CONTROL OF CANCER.

It seems to be well established that deaths from cancer are increasing in prevalence, at least in the population of this country and Western Europe. The striking increase in deaths from cancer in mortality statistics can be accounted for only in part by better diagnostic methods which serve to detect internal cancer as the cause of death when a few years ago cancer would not have been recognized at all. As a matter of fact also a critical scrutiny of death certificates as they are filed at a municipal health department will soon convince one that even today we are far from recognizing all the deaths which are really due to cancer.

An actual increase in deaths from cancer is evidently not being counteracted by all the efforts which are being made to teach people that cancer in its early stages, when it is merely a local affair, may be completely eradicated or cured by well recognized forms of treatment.

The present forms of cancer treatment may fail of course because cancer may develop in some part of the body where it is not easily accessible or where it may not be recognizable until too late. The history of fatal cases of cancer, however, often shows that well recognizable signs of beginning cancer are ignored in spite of all efforts of public education on the subject. Records kept at a Boston hospital show that in cases of cancer applying for treatment at that hospital the average length of time from the appearance of symptoms recognizable by the patient until the patient applies for treatment is about a year.

The present methods of cancer treatment fall far short of meeting the cancer situation as it confronts the physician and surgeon. Present forms of treatment are calculated to deal with cancer merely as a local condition, whereas the case of cancer which most often applies for treatment has become a general disease. For this reason a tremendous amount of research work is today being devoted to a

study of the causation of cancer in the hope and expectation that we may learn to prevent its development and spread even if we may still be unable to cure it after it has become a general disease in the body.

Recently reports from England have indicated that some important discovery has been made there which has shed new light on the causation of cancer. At the present writing the reports have been singularly indefinite with respect to just what has been discovered. There is an intimation of the artificial production of cancer in animals, but the reproduction of certain kinds of cancerous growths, both in plants and animals, is nothing new. From certain reports we have been led to infer that an ultra-microscopic organism hitherto unknown has been found to have a causal relation to cancer. Organisms of this character are believed to play a part in the production of various other diseases. But at the present writing it has not been made clear whether optical research work, which it is hoped may serve to reveal the molecular structure of matter to human vision, has disclosed something new regarding ultra-microscopic pathogenic organisms or whether the relation of an ultra-microscopic organism to cancer is purely a laboratory demonstration.

We have every reason to believe that the study which is being devoted to cancer will some day give us at least a far more effective means of controlling cancer than we now possess, and it is quite probable that we have been receiving from England advance news of an important step in this direction. But we should not look forward to any discovery revolutionary in character. We already know enough about cancer to know that real progress toward its control can but come as the result of discoveries which are consistent with our present well established knowledge.

Cancer always appears in recognizable form at a location which has been the site of either mechanical irritation or great physiological cellular activity. It has been stated on good authority that cancer never develops except in bodily tissues which have an acid reaction, but may develop where such acid reaction is normal or due to abnormal conditions. Cancer is really a purposeless, unregulated multiplication of normal bodily tissue cells, cells which in their orderly growth, multiplication and death are essential to the development and preservation of the body, and to life itself.

Perhaps the most plausible theory as to the causation of cancer is that the body normally possesses an internal secretion which serves to maintain an orderly growth of bodily cells and to prevent their purposeless multiplication, just as, for example, the normal secretions of the thyroid, super renal and pituitary glands serve to maintain the health, growth and proper functioning of the bodily tissues in other particulars. This theory assumes that when for

unknown reasons this cell multiplication regulating secretion becomes deficient or altered in character there is nothing to check the purposeless multiplication of bodily cells which may be started as the result of local irritation and from the site of this local irritation be carried, likewise without check upon their multiplication, to distant parts of the body. The fact that cancer is more likely to occur in later life when "internal secretions" generally tend to become deranged is one of various arguments advanced in support of this theory.

It is to be observed that the theory as to the causation of cancer just referred to does away entirely with the idea of any bacterial cause of cancer except possibly so far as bacteria might start a local irritation. The theory regards cancer as more analagous to diabetes, another disease of later years, which has been found to be due in its most common form to a deficiency in an internal secretion which enables the tissues to take up sugar from the blood. Holders of this theory would therefore naturally look to the increase in the prevalence of cancer as the result of something in our modern dietary habits or ways of living.

Whether this theory will eventually prove well founded or not we should not be too ready to assume that the explanation of the causation of cancer is to be found in some form of bacterial life which may be found associated with a cancerous growth. Even with respect to tuberculosis we are beginning to learn that under present conditions of living most of us begin to take doses of tubercle bacilli early in life without harmful and perhaps with really beneficent results and that something else is really necessary besides the introduction of tubercle bacilli into the body to make them really harmful. So, too, a few years ago we thought we were on the threshold of the easy control of pyorrhea, because of the discovery of the association of an amoeba with the condition. As time has gone on, however, we have found this discovery to be of comparatively little value in the prevention of treatment of the condition which we are coming more and more to regard as primarily a symptom of a nutritional disturbance. So, too, is it not inconceivable that we may eventually find the control of cancer not in surgery, bactericides, or vaccines, but in supplying the body artificially with some deficient secretion as the results of disorders of the thyroid gland and diabetes are being controlled.

DOG BITE CASES INVESTIGATED.

Last year in Boston this department investigated 617 reported dog bite cases, seventeen cat bite cases, and ten others. Of this number there were found upon examination eighteen actual cases of rabies in dogs, and one in cats.

CLASSIFICATION OF PREVENTABLE DISEASES.

Diseases caused by eye secretions:

“Pink” eye.

Trachoma.

Diseases caused by contact with mouth and nose secretions:

Those which are probably often spray borne:

Influenza.

Colds.

Grippe.

Measles.

Whooping cough.

Pneumonia.

Tuberculosis.

Those which are probably more often non-spray borne:

Diphtheria.

Scarlet fever.

Mumps.

Meningitis.

Diseases caused by bowel discharges:

Typhoid fever.

Dysentery.

Summer complaint.

Cholera.

Infantile paralysis.

Hookworm and other intestinal parasites.

Diseases more often produced by sexual relations:

Syphilis.

Gonorrhea.

Chancroid.

Skin diseases:

Lice.

Itch.

Ringworm.

Smallpox.

Chicken pox.

Diseases caused by suctorial insects:

Malaria.

Yellow fever.

Typhus.

Bubonic plague.

Diseases contracted from animals:

Rabies.

Tapeworm.

Trichinosis.

Diseases and causes of death which are noncommunicable, but are preventable:

Violence.

Poisoning.

Accidents.

Wound infection.

Sepsis (blood poisoning.)

Occupational diseases.

Dietetic diseases.

KEEP AFTER THE FLY.

Because the weather will soon be cooler and the number of flies less these reasons are not sufficient to allow us to let up on our efforts to remove every fly from our midst and to remove every possible breeding place.

A fly is dangerous at all seasons, and the only reason most of us try to rid our homes of him in the summer is because he is uncomfortable and a nuisance and too few think of the fly as a carrier of harmful and dangerous bacteria. Many do not realize that the same fly that has alighted on the table or on the baby's face has just come from a filthy privy, a sewer, a manure pile, infected sputum, or from a sick room. If we did, our efforts to get rid of the fly at all times would be greater.

Cleanliness requires that flies be kept out of the homes, away from all foodstuffs, and away from the infant. Health protection requires the total elimination of the fly. Premises that are clean and screened, where food and waste are kept covered, will help greatly in ridding our homes of these carriers of disease and filth. The fly is an enemy of mankind. Join in the common fight to destroy him.

PROTECTION AGAINST COMMUNICABLE DISEASES.

If your neighbor's children have a contagious disease you do not want to give it to your children.

In order to check the spread of contagious diseases and to help you provide proper care for members of your family sick with contagious diseases, the laws of Massachusetts * require you as a householder, if you know that a person in your family or house has a contagious disease, to notify the City Health Department. If the sick person has a physician, the physician also is required to report the case. If you, as a householder, know you have a person in your house or family ill with diphtheria, scarlet fever, measles, chicken pox or whooping cough, or any of several other contagious diseases, you are liable to a fine of \$100 if you do not notify the Health Department, even though the person may not seem sick enough to need a physician.

But you are not doing all that is necessary to protect either your family or your neighbors by merely notifying the Health Department when you think you may have a case of contagious disease in your house.

A person who is beginning to be sick with a contagious disease is dangerous to other persons before anyone, even a physician, can tell if the person is developing a contagious disease. A case

* General Laws, chapter 111, section 109.

of measles is very contagious two or three days before the rash appears. Scarlet fever is contagious for perhaps forty-eight hours before the rash appears. Whooping cough is likely to be contagious for a week or more before the person begins to whoop. A person may have diphtheria in a stage dangerous to others for days before it is suspected.

You therefore are not going to prevent the spread of contagious diseases in your family or your neighborhood if you wait until a physician can tell you that a person in your family has a contagious disease before you take precautions for the protection of others. It is because people wait until a physician can tell that we go on having about the same number of contagious diseases in Boston year after year.

In the diseases just mentioned and similar diseases, including colds and pneumonia, the germs, the infective agent, or the poison of the disease is contained in the spit or other secretions of the mouth, throat or nose of a person who is sick, or is going to be sick, with one of these diseases.

In order, therefore, to prevent the spread of these diseases you must prevent even the minutest particles of spit or secretion from the mouth or nose of a possibly dangerous person from getting into the mouth or throat of a person who is not "immune" to the disease. You must do this before you know a person has a contagious disease, for the reasons already stated. Furthermore, in some diseases like diphtheria, for example, a person may "carry" and breed the germs of the disease in his throat or nose indefinitely without being made sick by them because he is what is called "immune" to the disease.

Here are some of the ways in which you may get dangerous particles of spit or secretions from the mouth or nose of another person into your own mouth and throat. Breathing air into which he has just coughed or sneezed; eating food over which he has coughed or sneezed, or eating food which he has handled after coughing in his hand or otherwise contaminating his fingers with the secretions from his mouth or nose; using the glasses, cups, spoons or forks which he has used and which have not been thoroughly cleaned, or by handling something accidentally contaminated with secretions from his nose and mouth and afterwards handling your own food without washing your hands.

It will thus be seen that to be sure of preventing the spread of this kind of contagious diseases in your family you should constantly observe the same sort of cleanliness in your home which

doctors and nurses carry out in contagious disease hospitals to protect themselves and other patients.

It may be almost impossible to do this in the ordinary home, but it is especially important that cups, glasses, spoons and other eating and drinking utensils and towels, face cloths and handkerchiefs are thoroughly cleaned before being used by another member of the family, that dish cloths are carefully kept clean and that everybody washes his hands immediately before eating or handling food to be eaten by others. Every one should have his own bed, but if not practicable, the younger children should be kept by themselves. It is usually the older children who bring contagious diseases into the home.

A child should be kept away from others, together with his eating and drinking utensils, towels and handkerchiefs, whenever he shows any signs whatever of sickness, without waiting to see if he has some contagious disease. It may be impracticable to do this in some homes, but if you can do it you may save the life of a neighbor's child or of your own baby; and even if the sickness proves not to be serious no harm is done.

You may think it unnecessary to call a physician when a person in your family has measles, chicken pox, whooping cough, or some peculiar rash, if the person does not appear to be very sick. While the law above referred to requires you to notify the Health Department in such cases, it does not compel you to call a physician. However, here are some of the consequences of not calling a physician which the Health Department is constantly discovering:

A child has a sore, scabby nose, but the child's mother thinks that it is nothing serious. There is an outbreak of diphtheria among the children in the neighborhood, and the Health Department finds that it is due to this scabby nose of the child, who really has diphtheria in his nose but which does not make him sick enough to prevent him from playing with other children, because he is what is called an "immune" to diphtheria.

Time after time, when the Health Department is tracing an outbreak of scarlet fever, it finds that it is due to a child who had such a mild attack of scarlet fever that the mother never suspected that the child had scarlet fever at all, but thought it merely had an attack of indigestion and that the rash was due to this cause.

Practically every epidemic of smallpox which occurs in this country gets its start because people are so likely to mistake a mild case of smallpox for chicken pox or "just pimples" from a digestive disturbance.

If you suspect that anyone in your house or family may have a contagious disease, the Boston Health Department stand always ready, when notified, to help you or your physician to discover exactly what the disease is just as soon as it is possible to tell.

If it be a contagious disease, the Health Department doctors and nurses will show you how best to take care of the case so as to prevent danger to others, and will watch it and have examinations made in order that it may not be kept quarantined any longer than necessary for the protection of your neighbors and your own family.

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during July. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.26	3.63	13
Allen, Fred H.....	12.19	3.42	110
Antetomasso, Peter.....	12.53	3.93	12
Barron, Clarence W.....	13.67	4.62	7
Bergmann, John H.....	12.45	3.70	28
Bolio, William J.....	11.92	3.68	10
Brandley, T. J. & P. J.....	12.06	3.55	29
Casey, James D.....	12.78	3.77	24
Cashin, James F., & Co.....	12.50	3.85	140
Cedar Hill Farm.....	12.64	4.02	11
Chapin, George L.....	12.10	3.47	12
Childs Brothers.....	12.14	3.51	180
Clapp, Frank L.....	12.64	4.03	18
Clark, Levi.....	12.00	3.67	8
Converse, Marquis M.....	12.16	3.60	294
Corkery, John H.....	12.19	3.60	390
Crowell Brothers.....	12.30	3.67	50
Cummings, F. S., Company.....	12.40	3.62	15
Cunningham, Paul.....	12.60	3.51	24
Cusick, William H.....	12.46	3.70	380
Deerfoot Farms Milk Company.....	12.47	3.80	15
Denehy, Timothy.....	12.21	3.81	363
Driscoll, William B., Company.....	12.55	3.72	12
Duggan Brothers.....	12.60	3.80	46
Edgerly, Frank C.....	12.22	3.70	54
Elm Spring Farm Company.....	12.23	3.65	54
Endicott Farms, Inc.....	13.08	4.10	2
English, J., & Son.....	13.10	4.10	600
Feeley, Catherine M.....	12.36	3.73	100
Ferguson, Malcolm D.....	12.70	3.80	110
Floyd Milk Company.....	12.46	3.95	16
Furbush, Almon J.....	12.35	3.45	16
Garfield, Mason.....	14.10	5.00	6

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Garvin, Charles E.....	13.68	5.15	120
Giroux, J. E., & H. J.....	12.29	3.67	58
Griffin Brothers.....	12.52	3.77	11
Griffin, Joseph L.....	12.58	3.75	17
Gushee, Chester W.....	12.84	3.90	50
Hagar, J. M., & Sons.....	12.59	3.76	22
Hancock, T. G., Company.....	12.24	3.70	50
Herlihy Brothers.....	12.54	3.83	93
Hickey, Martin J.....	12.29	3.63	11
Holden, John E.....	12.39	3.76	94
Holland & Cosgrove.....	12.56	3.75	82
Hood, H. P., & Sons, Inc.....	12.20	3.70	70
Howe, F. Esther.....	12.14	3.35	20
Hutchinson, Frank T.....	12.18	3.50	23
Jones, William T., Company.....	12.25	3.67	50
Kendall Brothers Company.....	12.30	3.56	251
Kennedy, Robert, Jr.....	12.64	3.86	286
Kingston, Samuel.....	12.66	3.90	12
Klaw & Freeman.....	12.64	3.85	44
Knapp, George J.....	12.63	3.77	733
Kozlofsky Fedora.....	12.79	3.86	22
Lang, Michael J.....	12.28	3.63	141
Larsson, Charles.....	12.52	3.65	26
Lincoln Farms, Inc.....	12.66	3.95	10
Lyndonville Creamery Company.....	12.41	3.56	96
Manning, Peter E.....	12.40	3.57	442
Maple Farm Milk Company.....	12.51	3.77	104
McAdams, John F.....	12.51	3.85	110
McKernan, John.....	13.18	4.13	40
Millwood Farm, Inc.....	12.05	3.59	23
Morgan, George D.....	13.84	5.40	670
Munchbach, George.....	12.30	3.58	69
Newton & Pope.....	12.56	3.85	16
Noble, William F., & Sons Co.....	12.37	3.76	16
Robinson, Albert J.....	12.49	3.86	73
Robinson, James A.....	12.40	3.66	220
Runkle, John C.....	12.62	4.01	34
Schuster, Adam.....	12.65	3.81	26
Seven Oaks Dairy Company.....	12.20	3.73	116

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Shick, Jacob.....	12.53	3.83	21
Somerset Farms Company.....	12.95	4.11	10
Sterling Farms Milk Company.....	12.22	3.50	22
Stone, Howard L.....	12.13	3.55	57
Stuart, Wallis E.....	12.64	3.81	17
Sullivan, Jeremiah D.....	11.91	3.65	12
Sullivan, John L.....	13.17	4.41	188
Swett, Warren J.....	12.40	3.83	300
Turner Centre System, Inc.....	12.52	3.88	32
Vartanian, Gazar.....	12.31	3.61	86
Vartanian, Setrag.....	12.89	4.15	20
Walker Gordon Laboratory Company.....	12.52	3.93	5
Ware, George H.....	12.58	3.68	25
Weiler, E., & Sons.....	12.20	3.58	50
Werner, F., Company.....	12.26	3.63	54
Westwood Farm Milk Company.....	12.31	3.56	14
White Brothers.....	12.55	3.80	16
Whiting Milk Companies.....	12.14	3.56	26
Whittemore, Warner D.....	12.50	3.80	14
Wiswall, Granville A.....	11.96	3.43	538
Wittenberg & Recks.....	12.08	3.53	165
Woodland, Charles L.....	12.41	3.80	21

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc....	12.38	3.80	125
The Cloverdale Company.....	Turner Centre System, Inc.,	12.47	3.81	22
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.....	12.76	3.95	19
Economy Grocery Company.....	Whiting Milk Companies...	12.23	3.60	84
The Ginter Company.....	United Farmers Co-opera- tive Creamery Company.....	12.64	3.88	15
Morgan Brothers Company.....	Morgan Brothers Company.....	12.63	3.95	27
O'Keefe's, Inc.....	J. M. Hagar & Sons.....	12.61	3.81	38
M. Winer & Co.....	Hyman Winer.....	12.26	3.66	196

IS YOUR CHILD WELL?

Schools will soon open and Boston's great army of children will again take up their routine of studies and systematic exercise. It is hoped that the parents of these children have taken advantage of the long vacation and that each and every child will be ready and fit to fight the battle of health for the coming school term. Fresh air and sunshine, good nourishing food, with opportunities to bathe, have provided many facilities where the weak or sickly child can start the new year on a sound basis. This is not only fair to the little child itself, but is a square deal to the other children, teachers and masters who are in contact with the child daily. Boston provides medical care for the children in its schools, and this year should be a banner year in the health of the school child if every parent will do his duty by his child. Good health is a safe and sound and profitable investment, and when we pause and think of the discomforts and pain, the suffering and expense that come on parents in later years because the child has been neglected in its youth, we will realize the truth of the statement, that good health is a good investment. Send your child to school properly protected against typhoid fever, diphtheria and smallpox, and you will not regret it. You will know in your heart you have used every protective means possible to guard your child against the invasion of disease. Start this school year right. Start it with the knowledge of a work well done, that your child is well, and that you are going to keep it so.

SMALLPOX IN THE PHILIPPINES.

The annual report of the Philippine Islands, just issued by the Philippine Health Service, contains some very interesting statistics on the smallpox situation in the islands on the work that has been done to protect the inhabitants against an outbreak or epidemic of this disease.

It states that in 1918 there were 16,000 deaths from smallpox, and in 1919 there were 50,000 from smallpox in the islands, and the average for the past five years to 1922 has been 14,699. In 1923 there were but four deaths in the islands from this disease.

During the year 1923 there were 2,132,653 individuals vaccinated out of a total estimated population of 11,000,000.

The intensive campaign to vaccinate, especially the children, against smallpox is being continued because of the results that have been accomplished. In the city of Manila in 1918 there were 850 deaths from smallpox and since 1921 the city has been freed from this dread malady. From 1918 to 1922 there was an average of

almost sixty-five deaths out of every one hundred cases of smallpox reported in the city, and the Philippine Health Service officials are desirous of emphasizing that the absence of the disease from the city since 1921 "was chiefly due to the intensive vaccination campaign amounting to 78,488 individuals during the year 1923, and of which a proportion of 71.40 per cent showed positive 'takes.' The Philippines is at present relatively well protected from smallpox by vaccination. It is roughly estimated that not less than 80 per cent of the population, taken as a whole, is immune, although in some particular provinces the percentage of immunized population is too low to safely disregard the possibility of an epidemic."

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING JULY, 1925.

CLASSIFICATION.	Number.	Percentage.
	July.	July.
After death.....	5	11.63
Seven days or less.....	6	13.95
Eight to fourteen days, inclusive.....	2	4.65
Fifteen to twenty-one days, inclusive.....	2	4.65
Twenty-two to thirty-one days, inclusive.....	4	9.30
WITHIN FIRST MONTH.....	19	44.18
Within second month.....	3	6.98
Within third month.....	—	—
Within fourth month.....	6	13.95
Within fifth month.....	3	6.98
Within sixth month.....	2	4.65
Within seventh month.....	—	—
Within eighth month.....	1	2.33
Within ninth month.....	—	—
Within tenth month.....	1	2.32
Within eleventh month.....	—	—
Within twelfth month.....	1	2.32
WITHIN FIRST YEAR PRECEDING DEATH.....	36	83.72
Within second year.....	3	6.98
Within third year.....	1	2.32
More than three years.....	3	6.98
Totals.....	43	100.00

SUMMARY OF THE WORK, JULY, 1925.

BUREAU OF ADMINISTRATION.

	July.		July.
Prosecutions ordered	21	Personal:	
Legal notices	316	Temporary employment ex-	
		tended	1
Personnel:		Provisional employment	
Permanent appointment	1	terminated	2
Employee suspended	1	Special drafts	1
Leave of absence	3	Conference with Chamber of	
Transfers	2	Commerce	1

LICENSES, PERMITS, ETC., ISSUED.

	July.		July.
Special meeting called	1	Stable permit granted pro-	
Burial permits	1,087	visionally	1
Milk licenses	162	Offensive trade	1
Pedlers' licenses granted	111	Garbage license granted	1
Pedlers' license revoked	1	Undertakers, licensed	2
Manure permit granted	1	Denatured alcohol licenses	15
Hen licenses granted	196	Non-alcoholic beverage licenses	53
Stable hearing	1	Manicure-massage:	
Stable permit extended	1	Granted	194

MEDICAL DIVISION.

	July.		July.
Visits:		Medical inspectors' activities:	
By medical inspectors	805	Schick tests	20
By veterinarian	162	Schick readings	34
By investigators	212	Toxin-antitoxin injections	78
By nurses	2,464	Vaccination certificates	75
Cases brought to Boston for		Vaccinations	75
treatment	44	Hospital investigations	18
Nurses' Schick activities	132	Physical examinations for	
		camp	665

CHILD HYGIENE DIVISION.

NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF JULY, 1925.

New baby and preschool home visits	967	
Old baby and preschool home visits	6,440	
Total		7,407
Wrong address	177	
Not seen	795	

FEEDING:

Breast	1,991
Formula	1,249
Formula and breast	510
Diet	2,685

Ophthalmia visits	269
Infant death investigation visits	53
Special visits	26
Total number of all visits	<u>7,755</u>

BABY CONFERENCES.

Number of conferences	98
Attendance	3,777
New babies	686

PRESCHOOL CONFERENCES.

Number of conferences	39
Attendance	275
New cases	103

HEALTH UNIT (17 Blossom Street).

MISCELLANEOUS UNIT ACTIVITIES:	July.
Complaints of insanitary conditions	10
Number of persons given health and other information	300
City visitors	3
Out of city visitors	5
Routine medical inspection of adults (evening service)	9

DENTAL SERVICE:

Number of operations	369
Number of dismissals	67
Number of children treated	223

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by Medical Inspector:

Visits made by medical inspector in the district	9
Vaccinations performed by medical inspector	61
Number of vaccination certificates issued	13
Antitoxin, antityphoid, Schick tests, and toxin-antitoxin administered	3
Number of children examined for camps and day nurseries	138

Nurses' Visits:

Communicable disease visits by nurses in district	106
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	9
Attendance at baby conferences	418
New babies at conferences	44
Number of preschool conferences	9
Attendance at preschool conferences	60
New cases at conferences	20
Home visits to babies and preschool children	1,126
Infant death investigation visits	2
Ophthalmia home visits	22
Special visits	1
Number of poster classes	0
Attendance at poster classes	0
Number of cooking classes	0
Attendance at cooking classes	0

BOSTON SANATORIUM:	July.
Calls made by nurses in the district	564
Tuberculosis contact, children's clinics	3
Number of children examined	58

STATE DEPARTMENT, MENTAL DISEASES:

Habit Forming Clinic:

Number of clinics	2
Attendance	8
Home visits	10

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	734
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BOSTON DISPENSARY:

Calls by district physician	18
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HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	0
Number of persons given health and other information	6
City visitors	21
Out of city visitors	42
* Routine medical inspection of adults (evening service)	0

DENTAL SERVICE:

Number of operations	98
Number of dismissals	12
Number of children treated	73

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district	27
Vaccinations performed by medical inspector	0
Number of vaccination certificates issued	1
* Antitoxin, antityphoid, Schick tests and toxin-antitoxin administered,	0
Number of children examined for camps and day nurseries	116

Nurses' visits:

Communicable disease visits by nurses in district	122
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	9
Attendance at baby conferences	250
New babies at conferences	67
Number of preschool conferences	9
Attendance at preschool conferences	95
New cases at preschool conferences	24
Home visits to babies and preschool children	1,067
Infant death investigation visits	5
Ophthalmia home visits	37
* Special visits	0
* Number of posture classes	0
* Attendance at posture classes	0
* Number of cooking classes	0
* Attendance at cooking classes	0

* Vacation season.

BOSTON SANATORIUM:	July.
Calls made by nurses in the district	308
Tuberculosis contact, children's clinics	50
Attendance	603
Number of children examined	50

STATE DEPARTMENT, MENTAL DISEASES:

Habit Forming Clinics:

Number of clinics	4
Attendance	7
Home visits	12

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	1,788
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Posture Clinics:

* Number of clinics	0
* Attendance	0

BOSTON DISPENSARY:

Calls by district physician	16
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BOSTON LYING-IN HOSPITAL:

Prenatal Clinic:

Number of clinics	4
Attendance	64
Playground attendance	5,165

EYE SERVICE:

New cases	10
Number of refractions	5
Number of revisits	5
Glasses prescribed	8

NOSE AND THROAT SERVICE:

* Number of conferences	0
* Number of examinations	0

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,
JULY, 1925.

SYPHILIS.

Current cases under investigation July 1, 1925	17
New cases assigned during the month	22
Total	<u>39</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	9
Under treatment	0

Not Located:

Search abandoned	9
Under investigation July 31, 1925	21
Total	<u>30</u>

* Vacation season.

GONORRHEA.

	July.
Current cases under investigation July 1, 1925	61
New cases assigned during the month	84
Total	<u>145</u>

DISPOSITION OF CASES.

Located:	
Under treatment	0
Placed under treatment	20
Further treatment unnecessary	1
Not Located:	
Search abandoned	31
Fraudulent use of name	1
Under investigation July 31, 1925	92
Total	<u>185</u>

SUMMARY.

Current cases under investigation July 1, 1925	78
New cases assigned during the month	105
Total	<u>184</u>

DISPOSITION OF CASES.

Located:	
Under treatment	0
Placed under treatment	29
Further treatment unnecessary	1
Not Located:	
Search abandoned	40
Fraudulent use of name	1
Under investigation July 31, 1925	113
Total	<u>184</u>
Form letters mailed to above patients	93
Form letters unclaimed returned from post office	28
Form letters accepted by patients	65
Venereal disease complaints:	
New cases	12
Under investigation July 1, 1925	6
Disposition of complaints:	
Placed under treatment	2
Under treatment	11
Moved out of Boston	3
Under investigation July 31, 1925	11
Visits by investigators	228

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	July.
New reports	4,062
Stores inspected	4,927
Sanitary defects remedied	282
Complaints at office	80

Referred to Sanitary Division	July. 20
Milk applicants	193
Notices to abate nuisances	181
Peddlers:	
Applications for licenses approved	115
Vehicles inspected and approved	622
Court cases	14
Convictions	14
Fines	\$65
Laboratory Examinations:	
Bacteriological	5
Chemical	2

CONDEMNATIONS.

Bear	120 pounds	Corn	2 dozen
Beef	18 pounds	Celery	18 crates
Chicken	18½ pounds	Eggs	482 dozen
Corned beef	8 pounds	Flour	394½ pounds
Bologna	485 pounds	Grapes	7 pounds
Frankfurters	195 pounds	Lemons	1½ bushels
Lamb	206 pounds	Melons	180
Pork	10 pounds	Miscellaneous	¼ barrel
Poultry	310¼ pounds	Miscellaneous vegetables	2 bushels
Salami	22½ pounds	Mayonnaise	1 bottle
Veal	1,259 pounds	Milk	3 quarts
Plucks	38	Molasses	5 gallons
Sweetbreads	100	Onions	40 bags
Livers	16	Oranges	4 dozen
Tongues	3	Olives	20 gallons
Anchovies	55 cans	Peaches	30 dozen
Apples	1½ bushels	Peaches	4 baskets
Bay leaves	½ bushel	Peppers	6 gallons
Beans	90 pounds	Peppers	11 dozen
Beans	10 bushels	Pickles	½ bushel
Beans	1 basket	Pineapples	123
Beets	1½ bushels	Pears	1 bushel
Blackberries	32 baskets	Prunes	25 pounds
Cantaloupes	120	Rolled oats	3 pounds
Cabbage	1½ bushels	Potatoes	2½ bushels
Carrots	1 bushel	Rhubarb	15 pounds
Candy	23 pounds	Salt	8 pounds
Candy and cookies	20 pounds	Salt cod	6 pounds
Cheese	205¼ pounds	Spaghetti	183 pounds
Cherries	20 pounds	Sugar	90 pounds
Cherries	18 baskets	Tomatoes	3 dozen
Cucumbers	3½ bushels		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.	CHEMICAL LABORATORY.
Celery	1
Clams	1
Water	2
Cake	1
	Cherries
	Mayonnaise
	1

LIVE STOCK INSPECTION (Brighton Abattoir).

	July.		July.
Cattle inspected	39	Parts condemned (lbs.)	129
Calves inspected	1,221	Animals condemned	4
Swine inspected	2,940		

DAIRY DIVISION.

	July.		July.
Total inspection	2,005	Inspections of milk plants and licensed dealers	297
Dairies inspected	953	Bacteriological examinations	283
Scoring above 50*	667	High bacterial counts investigated	25
Scoring below	286	Country creamery inspections,	35
With milk rooms	580	Sediment tests	385
Without milk rooms	373		
Inactive	27		
Total cattle inspected	11,601		

* Passable mark.

BUREAU OF MILK INSPECTION.

	July.		July.
Chemical inspection of:		Caps	42
Milk	1,100	Ice cream	67
Bacteriological examination of:		Milk	645
Cherries	1	Butter	4
Flavoring	1	Vinegar	53
Water	3	Court cases	17
Bottles	42	Fines	\$445

SANITARY INSPECTION.

	July.		July.
Original inspections	2,363	Vacate notices	1
New reports	3,029	Complaints investigated	980
Reinspections	8,726	Court cases authorized	4
Legal notices served	311	Fines	\$140

BACTERIOLOGICAL LABORATORY.

	July.
Diphtheria	531
Tuberculosis	197
Typhoid	51
Gonorrhea	711
Gonorrheal ophthalmia	74
Syphilis	1,355
* Other examinations	36
Bacteriological examinations of milk	645
Bacteriological examinations of ice cream	67

* Smear for Vincent's Angina, 4; genito-urinary examinations, 12; malaria, 8; dark field, 3; water, 1; clams, 1; celery, 1; water for bacteria, 1; water for B. coli, 2; feces for typhoid, 12; urine for typhoid, 1.

VITAL STATISTICS, JULY, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING JULY, 1925,
WITH COMPARATIVE FIGURES FOR JULY, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	793	778	+15	12.15	12.02	+.13
Nonresidents deducted.....	642	635	+7	9.84	9.81	+.03
BY AGE:						
Under one year.....	104	104	—	1.59	1.61	— .02
One year to four years, inclusive.....	40	42	—2	.61	.65	— .04
Sixty years and over.....	257	280	—23	3.94	4.32	— .38
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	41	48	—7	.63	.74	— .11
Arteriosclerosis.....	25	26	—1	.8	.40	— .02
Heart disease.....	115	101	+14	1.76	1.56	+.20
Nephritis, chronic.....	39	51	—12	.60	.79	— .19
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	*1,496	1,725	—229	22.92	26.65	—3.73
b. Registered stillbirths.....	*38	59	—21	.58	.91	— .33
Stillbirths per 1,000 births and still- births.....				24.7	33.07	—8.30
c. Deaths of mothers from causes incident to childbirth.....	10	13	—3	.15	.20	— .05
Deaths of mothers per 1,000 births and stillbirths.....				6.52	7.29	— .77
Deaths of children in first year of life...	104	104	—	1.59	1.61	— .02
Deaths in first year per 1,000 live births,				69.52	60.29	+9.23
VIOLENCE:						
Accidents.....	†98	55	+43	1.50	.85	+.65
Homicides.....	4	1	+3	.06	.015	+.04
Suicides.....	5	8	—3	.08	.12	— .04
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	13	16	—3	.21	.25	— .04
Broncho-pneumonia.....	26	19	+7	.40	.29	+.11
Cancer.....	80	101	—21	1.22	1.56	— .34
Cirrhosis of the liver.....	4	6	—2	.06	.09	— .03
Diabetes mellitus.....	7	13	—6	.11	.20	— .09
Diarrheal diseases, children under two years of age.....	8	16	—8	.12	.25	— .13

* Tentative figures subject to correction.

† Forty-four due to collapse of a building.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, JULY, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 2	6	-4	.03	.09	-.06
	Deaths.. —	—	—	—	—	—
Cerebrospinal meningitis.....	Cases.. 2	4	-2	.03	.06	-.03
	Deaths.. 1	3	-2	.015	.05	-.03
Diphtheria.....	Cases.. 47	143	-96	.72	2.21	-1.49
	Deaths.. 1	12	-11	.015	.18	-.16
Influenza.....	Cases.. 6	5	+1	.09	.08	+.015
	Deaths.. —	1	-1	—	.015	-.015
Measles.....	Cases.. 192	125	+67	2.94	1.93	+1.01
	Deaths.. 3	1	+2	.04	.15	+.025
Pneumonia (lobar).....	Cases.. 42	44	-2	.64	.68	-.04
	Deaths.. 17	18	-1	.26	.28	-.02
Scarlet fever.....	Cases.. 95	95	—	1.45	1.47	-.02
	Deaths.. 2	4	-2	.03	.06	-.03
Tuberculosis (pulmonary).....	Cases.. 139	171	-32	2.13	2.64	-.51
	Deaths.. 49	61	-12	.75	.93	-.18
Tuberculosis (other forma).....	Cases.. 27	35	-8	.41	.54	-.13
	Deaths.. —	18	-10	.12	.28	-.16
Typhoid fever.....	Cases.. 14	4	+10	.21	.06	+.15
	Deaths.. 3	2	+1	.04	.03	+.01
Whooping cough.....	Cases.. 157	65	+92	2.40	1.00	+1.40
	Deaths.. 7	1	+6	.11	.015	+.09

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

(559)

MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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AN UNSOLVED PUBLIC HEALTH PROBLEM.

The disability, suffering and economic loss resulting, directly and indirectly, from what is usually characterized as "*colds*" will soon begin its seasonal increase. Somewhat later deaths from pneumonia may be expected to appear with noteworthy frequency and to steadily mount in number as the colder months of the year go on.

This does not tell the whole story. There will be an increasing mortality directly attributable to the extension of infections of the nose and throat into the sinuses of the skull and thence to the brain or possibly to other parts of the body. Then, too, there is our perennial apparently increasing mortality from cardio-vascular degeneration, which some believe to be often the result of chronic focal infections that may have started as colds.

The disability, mortality and economic loss, attributable to infections of the respiratory tract during the colder months of the year, goes on year after year without any indication that it is being diminished in the slightest degree by increase either in scientific knowledge or in appropriations for public health purposes.

Progress in the prevention of infections of the digestive tract is reflected in an enormous decrease in infant mortality and typhoid

fever as compared with former years. Typhoid fever, also, as well as smallpox, has been brought under practical control by methods of artificial immunization. Nature itself has stepped in to reduce the mortality from tuberculosis, scarlet fever and other diseases by fortifying the general population with a natural immunity or a greatly increased natural resistance to them. But neither man nor nature appears to be doing anything to lessen the annual tribute which colds are taking in human lives and usefulness.

The seriousness of colds as a public health problem has not been entirely ignored by man. A vast amount of laboratory research and experimentation has been done with a view to developing a practical means of controlling the prevalence of colds. This work has contributed to a better understanding of the problem, but the knowledge thus gained has been largely of a negative character. To a considerable extent, also, experimentation may have tended to misleading conclusions. For example, it is conceivable that the results of sealing up an individual and allowing him to breathe his own exhaled air over and over again might not be the same as the results of exposing a considerable group of individuals to each other's bacterial and protein emanations under similar conditions of a confined atmosphere. It also seems possible to overestimate the value of experiments with school children in schoolrooms in which they spend less than six hours when the conditions under which they live over three fourths of the time are ignored.

A relation between colds and atmospheric conditions is clearly evident. Colds will greatly increase in prevalence this autumn in Boston just as soon as the weather leads people to close windows. At the same time there will be an increase, but more slowly, of contact diseases like diphtheria and measles. The later in autumn cool weather comes, the longer our regular autumnal prevalence of colds will be postponed. This recognized relation between colds and atmospheric conditions naturally has tended to stimulate the experimentation looking to the prevention of colds by securing certain conditions of ventilation, humidity and movement of air in human habitations. There is frequently an evident causal relation between the development of a cold and a chilling of the body, especially an unequal chilling. The relation is so well confirmed by practical experience as to be unquestionable. But why do not colds always result under such circumstances? So far as we know the answer may be, chilling may serve by a reflex nervous action to reduce the normal blood supply to the respiratory mucous membrane and in consequence render it vulnerable to bacteria present on the mucous membrane and which might otherwise have stayed there indefinitely without harm. If a cold does not result from a chilling, perhaps

this reflex anæmia of the mucous membrane is not produced, or perhaps there may not be the right kind of bacteria present, or perhaps there may be some other reason.

There is experimental evidence tending to indicate that a cold may sometimes be a manifestation of a protein sensitization like hay fever, and the bacterial invasion of the tissue may come afterwards. It has been suggested that the volatile protein material thrown off in the expired air of a crowd and which physiologists used to tell us was poisonous, but now say is harmless, may really serve to produce symptoms of protein sensitization in certain individuals. The phenomena of protein sensitization and bacterial infection are, however, so closely related, to say the least, as make a hypothesis of protein irritation in colds of little practical value.

Partly as the result of laboratory research and artificial experimentation, but more as the result of cumulative experience with large bodies of men in military and naval service, we have come to know how disabilities from infections of the upper respiratory tract may be greatly lessened provided it be found practicable to apply to this end measures of well recognized value.

Most people in good general health tend to establish a resistance to the ordinary causes of infections of the respiratory tract. In the course of two years a naval recruit may be expected to develop such a resistance to the ordinary causes of colds and coughs on crowded ships, or to be invalided out of the service or to die. The production of an artificial immunity to colds as to typhoid fever, has, therefore, been taken up as a possible solution of our cold problem in civil life. Notable success is often attained in "vaccinating" certain persons against cold. In other individuals the procedure is an equally noteworthy failure. Other reasons besides the selection of the proper bacteria for the vaccine are offered to account for the difference in results. We think we know enough about the phenomenon of immunity to see that a different biological process is involved in producing immunity to diphtheria than to colds, but there are still big gaps in our knowledge of immunity. It is possible that some day we may discover a practicable method of general application for immunizing against colds. But thus far immunity to colds, whether produced artificially or naturally, is ordinarily a transitory affair, likely to disappear in a few months. The men who spend two or three months roughing it in the wilderness may expect to develop bad colds when they return to civilization and contact with their fellowmen. Comparatively few people can be expected to take the trouble to protect themselves against colds if it be necessary to be vaccinated three or four times a year to secure protection. Further laboratory research in immunity may

help us but we cannot reasonably expect the laboratory to provide the whole solution of the problem of respiratory infections.

There is much still waiting a satisfactory explanation with respect to the air which one breathes and its relation to respiratory infections and general health. The marvellous rapidity with which a stubborn long-standing respiratory infection often disappears with a "change of climate" suggests the presence or absence in air of some qualities as unsuspected as yet as food vitamins were a few years ago. For this reason especially the following teachings of long practical experience are not to be thrown aside merely because they do not seem to fit in with some recent artificial experimentation.

The extent to which human beings can safely be crowded together in a confined atmosphere will depend upon the amount of crowding and the length of time people are so crowded. Men who spend most of their time in the open air may be expected to stand crowding for a few hours a day better than those who do not so live. In barracks where men have been living in good health it will be found that an increase in the number of men which serves to reduce the per capita air space in a certain dormitory beyond a certain limit will invariably be followed by respiratory troubles. Such practical experience led to the adoption the world over of about 500 cubic feet as the minimum per capita air space for infantry soldiers in barracks. Practical experience similarly led to the rule that soldiers should not sleep in rooms which they occupied by day and that dormitory quarters should be thoroughly ventilated during the day. Such experience as well as more recent experimentation indicates that ventilation by open windows gives better results so far as health is concerned than the more elaborate methods of forced ventilation.

When people are crowded, as in a loaded street car, for example, we know from experimental evidence that one necessarily takes into his nose, mouth and throat from the air, the various bacteria, epidermis and dirt that other people as well as he himself are distributing. Curiously those who dread the possible contamination of carefully prepared smallpox vaccine are never heard to object to inoculation with material of a distinctly pathogenic character.

But there is considerable evidence tending to indicate that the air-borne process of infection may be of really secondary importance in the spread of colds. The transfer of pathogenic organisms directly or indirectly by means of soiled fingers or imperfectly cleaned eating and drinking utensils is probably the more important factor in spreading colds, whether in the home or outside. One fact is thoroughly established. It was established long before the fact was rediscovered during the World War. The prevalence of colds

and sore throats can be greatly lessened among large bodies of men by boiling mess gear. An epidemic of sore throats may be expected to cease immediately if eating and drinking utensils are sterilized by boiling when this matter has been neglected.

The prevalence of infections of the respiratory tract during the colder months may not be entirely a matter of atmosphere and disease germs. There are those who believe that our habits of living during these months, overeating and lack of exercise, are largely responsible by creating the bodily conditions which make infections possible. There are physicians who bring forward considerable clinical and experimental evidence indicating that an excess of sugar in the diet directly predisposes to infections of the respiratory tract.

There are certain matters in which a causal relation between air of human habitations and troubles with the respiratory tract seem perfectly reasonable.

Nobody can breathe a dried-out atmosphere such as is to be found in steam-heated homes and offices in this city in winter and keep a normal health respiratory mucous membrane. To make matters worse, such an atmosphere carries suspended in it irritating dust and often a large amount of caustic alkali, the result of evaporation of the soap powder mixture with which floors have been washed.

The high mortality from influenza among our soldiers in 1918 occurred, not on the front in France, but in the steam-heated cantonments in America. A warm steam-heated ship with modern steerage accommodations arrives with cases of pneumonia in the steerage every voyage, while a slower, cold, uncomfortable, draughty old immigrant ship carrying more of the same kind of people between the same ports at the same time never brings in a case of pneumonia. There is positive evidence that the normal secretion of the nasal mucous membrane has a definite bactericidal action. The same may be assumed to be true of normal secretion of the throat. Any conditions affecting the mucous membrane may be expected to affect the protective character of its secretion.

Repeated colds, a marked susceptibility to infections of the nose or throat are indicative of chronic sinus or tonsillar infections. Sinsuses and tonsils are involved in every cold affecting the nose or throat. The result of an extension of an inflammation of the nasal mucous membrane to a sinus depends practically upon the ability of the sinus to drain itself. Whenever the normal drainage of a sinus is interfered with, whether by a nasal mucous membrane swollen by an irritating atmosphere, or by an obstructing deformity about the nose, or by any other cause, then the infection of the sinus persists.

The most notable progress in the promotion of public health has been accomplished by measures like the destruction of mosquitoes, a pure public water supply and the pasteurization of milk, which call for no effort on the part of the individual. But it is highly improbable that the solution of our problem of respiratory infections will ever come in this way. Instead of waiting for the improbable we should be doing more to change the present fatalistic attitude of the public with respect to colds.

People should be brought to realize that the preservation of their lives and usefulness for six months in this climate calls for something more than shutting windows and turning on the steam. We should consistently let up on agitation for practically valueless "periodic examinations of food handlers" and try to teach people that it is up to them to do something themselves for their own protection and the protection of others by washing their own hands before eating or handling the food of others, and by insisting that the dish-washing procedure shall effectually cleanse all eating and drinking utensils whether in the hotel, restaurant, at the ice cream counter or right in their own homes. We should try to bring about the same public sentiment with respect to the feeling of an oppressive, stuffy or ill-smelling atmosphere on entering an office building, public conveyance or hall or a home from the fresh air, as people manifest when they find they are taking some nauseating material in their mouths as food. Any environment which is offensive to the senses is a nuisance and is presumably dangerous to health and should be so regarded.

We cannot emphasize too strongly that the first line of defence against infections of the respiratory tract is a normal respiratory mucous membrane. It cannot be maintained in the baked, dusty indoor atmosphere in which most people pass so much of their time during six months in the year. Nor can it be over-emphasized that this is largely an entirely unnecessary condition. If a building or public conveyance cannot be adequately ventilated by any well recognized devices for this purpose it should be condemned for use by human beings. It is entirely practicable also to supply artificially to the atmosphere of our heated human habitations in winter the relative humidity which is necessary for the maintenance of a normal respiratory mucous membrane. Any requisite degree of humidity is supplied without difficulty whenever needed for manufacturing purposes and all that is needed to accomplish the same for offices and the home is an expense and care relatively small in comparison with cost and care of heating. It would do no harm to remind parents that their children's tonsils would give no more trouble in winter than in summer and might not have to be ripped out if the children were given air fit to breathe.

EXERCISE: A NECESSITY.

Vacations are over for most people with the passing of summer and many and varied means for recreation and exercise will begin to lessen. Indoor workers who find themselves again confined indoors will note marked physical effects from their change from out-door sun, recreation and exercise, to indoor grind. With the change back to standard time, the average man or woman still further loses his opportunities doing what he knows to be best for his physical welfare. The curve of diseases, particularly children's diseases and those of old age, will begin their annual upward climb after being down to a minimum during the summer months. The physical condition of the average person suffers because of the fact that whereas in the summer we got considerable outdoor exercise he ceases physical exercise altogether when the weather gets colder. Discontinuance of physical exercise is actually dangerous and should be avoided by taking some sort of exercise every day, out of doors if possible, but if this cannot be done, then we should resort to the gymnasium. Physical exercise is necessary to health, but the mind also requires diversion and change. The well-being of the mind as well as the body requires recreation, the exercise of both in some way different from that demanded by regular drudgery. Outdoor exercise is therefore more beneficial when taken in connection with some sport or game. With it comes increased circulation, improved digestion, better appetite and better sleep, all of which tend to fortify the natural defences of the body against disease. The ability to withstand the exposures to disease infections and the climatic stresses that will be called for during the coming months can be established by a continuance of recreation and exercise outdoors which you began during the summer and which it is quite possible to continue if you will but modify its form to adapt it to different climatic conditions. Communicable diseases and the pneumonias almost disappear during the summer but with the advent of winter and crowding and congestion in homes, schools, places of work and amusement, they always reappear. Decreased illness during the warmer months is fairly good evidence that we then live more naturally than when sickness and deaths increase. The summer brings people bathing, swimming, plenty of sun and fresh air and the sports, games, and exercises which we like and indulge in. Isn't it just as necessary for our well-being to have these comforts and pleasures at all times of the year? Our lungs need just as much air, our bodies as much exercise, and the sun is just as beneficial. It is usually during the winter that we increase our weight. We fail to take exercise and eat more than we need.

In other words, we tend to clog and poison our bodies with unneeded fuel. It is important that the weight one attains at thirty years of age, the period of full maturity, be the weight that we should endeavor to keep — neither allow it to decrease or increase. Those who live a sedentary life should have at least one hour a day of exercise, neither immediately before or after meals, and preferably that kind of exercise that is agreeable or interesting, a kind that makes it a pleasure rather than a duty. In the summer and spring and fall we can resort to golf, tennis, horseback riding, walking, swimming, baseball, handball, dancing, and in the winter, even, many of these same sports may be indulged in, but almost every one can walk during the winter weather or take part in winter sports.

We are fast realizing the importance of rest, recreation, and outdoor exercise in winter months and many people prefer to take their vacation in the winter rather than the summer. They believe that it is not necessary to take a complete absence from work in the summer to find opportunity to live and exercise outdoors, especially with daylight saving. Such opportunities do not occur in the winter. For this reason the regular vacation is deferred until winter weather and the idea is so increasing in popularity that it is becoming more common for week-ends to be devoted to outdoor country winter sports and pastime. If we accustom ourselves to outdoor winter cold we will not feel its rigors as much as those who remain indoors. It is true that on first going out we are conscious of the air but this chill is bracing and conducive to more exercise and a much better general physical feeling. The circulation of the blood is quickened. The skin glows. We have breathed clean, fresh air in the sunlight, and in consequence our sleep is restful. No benefit is to be derived from suffering from the cold and in the matter of clothing for those who sleep outdoors it is well to remember that our bodies must be kept warm by plenty of clothing. This is not so necessary during the day when we are moving about and we should be warmed by exercise; in fact too often the mistake is made of too much clothing in our everyday work. Our bodies need plenty of fresh air where we work and sleep, as well as exercise, but our bodies are not to be allowed to cool too rapidly, because if one part of the body is cool and the rest warm, the whole heat-regulating apparatus of the body is upset and a condition produced which predisposes to infection and disease.

There are two important forms of activity — work and play. There are also two important forms of inactivity — rest and sleep. All of us need work, play, rest and sleep, not forgetting that the important activity, the exercise of our whole muscular system, may often be combined with our work or our play.

PROTECT YOUR CHILD.

Children are now returning to schools after the summer vacation which should have helped to improve their physical condition. The parents can now further aid in promoting the physical welfare of the individual child if they adopt well recognized measures to protect their children against the maladies that begin to show themselves at this time of the year when the weather becomes colder, and children crowd together, at home, in school, in the theaters, stores, churches and other places of assembly. With this crowding communicable diseases begin to appear and now is the time for everyone to make use of available means of protecting his household against such diseases and thus promoting the physical, economic and financial condition of his family.

Will the mother and the father help to see that their children are immunized against diphtheria,— a disease which in Boston alone causes an average of three thousand cases a year, and exacts a toll of an average of one hundred fifty deaths? This immunization can more profitably be done before the child enters school at all,— because, in fact, the younger the child the better, because it is the child of pre-school age that is usually attacked or dies from this disease. What have you done to insure your child against smallpox? Why wait until such a virulent and dreaded disease strikes your home before you make an effort to protect the members of the family? Vaccination is simple, safe and harmless, and a sure protection against smallpox. This disease may strike Boston at any time, and we should be on guard this winter lest this disease enters the city before we are aware. There have been but few states that have escaped smallpox during the past two years. Fortunately, it did not strike here. But will we be so fortunate during the coming winter? Why gamble with a life?

It is better to be safe with vaccination than to take a chance and wait until it is too late. Make it a point that the next time you visit your family physician, or, if he calls at your home, to arrange for vaccination against smallpox and typhoid fever for every member of the family, and for the immunization against diphtheria of those children who are below school age. This year, at the beginning of the school term, physicians in the public schools will provide this immunization to each child whose parents show a willingness or desire to have the child so protected, and the physicians of the Health Department will co-operate in the parochial schools to immunize those of the entering class whose parents will consent to this protection.

Parents should keep their children clean. It is their duty to do so. They should watch carefully for any signs of a fever, abnormal discharges, rashes, chills, difficult breathing, sore eyes, or other

similar symptoms that might indicate a communicable disease, and children that show such danger signals should at once be isolated and a physician called. Don't wait. Don't send a child to school with the hope that there is nothing seriously wrong, or, if there is, that the school physician will discover it. By negligence and delay you are not only endangering your own child but every child with whom the sick child comes in contact and everyone else in the school. Even though your child might have only a slight attack of the disease, the other child that contracts it may become more dangerously sick than the child who might have innocently caused its spread; so, therefore, your duty is twofold. "He who helps a child helps humanity with a distinctness, with an immediateness, which no other help given to human creatures in any other stage of their human life can give." It is well to bear these words in mind and to remember that every child has a right to be as healthy as present knowledge can make him, and there is no better way to help a child than to save its life. The best way of saving it is by the protection that you as parents, and the physician and the facilities of the Health Department, afford. Will you take advantage of the safeguards that are offered? Will you wait until your child is numbered with that vast army of children that are handicapped by organic heart disease, tuberculosis, defective hearing, malnutrition, adenoids or diseased tonsils, or other glandular defects, weak foot arches, defective eyes, defective teeth, weak spines, or other joint defects, and the millions of our school population that have physical defects which are obstacles in the pathway of good health and development, and most of these defects are remediable.

"It may be well claimed that the care of the individual and family health is the first and most patriotic duty of a citizen."

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, ST. LOUIS, MO., OCTOBER 19-22.

The fifty-fourth annual meeting of the American Public Health Association will be held in St. Louis, Missouri, October 19-22, with the Hotel Statler as headquarters. This association is the professional society of sanitarians in North America, and its annual meetings always offer a program of exceptional interest to public health workers. Several special features add more than usual interest to this year's program.

In a broad and developing field such as public health, there is danger that its diverse branches will not maintain contact with each other and with the whole. The American Public Health Association, representing as it does all public health specialties, both official

and nonofficial, brings together at its meetings and includes in its programs the various elements, personnel and subjects that go to make up our public health structure. With a view to correlating these elements, it has this year arranged for a greater number of joint sessions and general sessions than is customary.

The association's nine sections — Public Health Administration, Laboratory, Sanitary Engineering, Food and Drugs, Vital Statistics, Industrial Hygiene, Child Hygiene, Health Education and Publicity, and Public Health Nursing — will have programs of their own consisting of one or more sessions. In addition, in a number of instances, two, and sometimes four sections will combine to discuss in a joint meeting some outstanding development of interest to the various groups. One subject to be discussed from four angles is the epidemiology of respiratory diseases; another is oyster pollution. There will be also five general sessions participated in by the entire association. In the twenty-seven meetings arranged for, more than one hundred and twenty-five papers and reports are scheduled. These figures do not include luncheon and dinner sessions devoted to particular topics, nor a special session on mental hygiene, sponsored by the National Committee on Mental Hygiene.

The local committee on arrangements has provided an attractive program of entertainment, including trips to points of general and scientific interest in and near St. Louis, free tickets to the theater and the traditional reception following the opening meeting. The ladies are especially invited to attend and plans have been made for their entertainment during the entire period of the meeting.

Members of the association and their families will receive a 25 per cent reduction in railroad fare traveling to and from the meeting. Non-members should make application for reduced fare to Mr. Homer N. Calver, executive secretary, American Public Health Association, 370 Seventh avenue, New York City. The secretary will also gladly furnish additional information regarding the meeting and the program.

COLLECTION OF STRAY DOGS.

The Animal Rescue League authorized by the City of Boston to collect stray dogs states in its report to the Mayor that for the year ending July 1, 1925, there were collected 4,790 stray dogs unlicensed in the City of Boston. Of this number 270 were returned to their owners who took out licenses and complied with the law.

The Massachusetts State Nurses Association will hold its autumn meeting on October 9 and 10 at Pittsfield, Mass.

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during August. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.14	3.65	7
Allen, Fred H.....	12.04	3.61	102
Antetomass, Peter.....	12.55	4.06	42
Barron, Clarence W.....	13.20	4.32	15
Bergmann, John H.....	12.41	3.85	11
Bolio, William J.....	12.51	3.96	16
Brandley, P. J. & T. J.....	12.12	3.66	10
Casey, James D.....	13.26	4.16	4
Cashin, James F.....	12.37	3.90	17
Cedar Hill Farm, Inc.....	13.07	4.37	14
Chapin, George L.....	12.00	3.58	40
Childs Brothers.....	12.17	3.71	25
Clapp, Frank L.....	12.80	4.31	10
Clark, Levi.....	12.04	3.67	14
Converse, Marquis M.....	12.19	3.78	27
Corkery, John H.....	12.20	3.60	219
Crowell Brothers.....	12.67	3.95	19
Cummings, F. S., Company.....	12.12	3.65	10
Cunningham, Paul.....	12.94	4.20	6
Cusick, William H.....	12.57	3.91	49
Dach, Barney.....	12.46	3.95	164
Deerfoot Farms Milk Company.....	12.43	3.90	14
Denehy, Timothy.....	12.45	3.97	20
Driscoll, William B., Company.....	11.98	3.68	10
Duggan Brothers.....	12.00	3.65	82
Edgerly, Frank S.....	12.56	3.93	12
Elm Spring Farm Milk Company.....	12.37	3.86	10
English, John.....	12.90	4.15	493
Feeley, Catherine M.....	12.14	3.65	66
Ferguson, Malcolm D.....	12.57	3.92	16
Floyd Milk Company.....	12.44	3.97	40
Furbush, Almon J.....	12.95	4.11	9
Garfield, Mason.....	14.24	5.20	40
Garvin, Charles E.....	12.96	4.35	6

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Giroux, J. E., & Co.....	12.22	3.80	16
Griffin, Joseph L.....	12.54	3.78	14
Gushee, W. S., & Co.....	12.56	3.90	18
Hagar, J. M., & Sons.....	12.26	3.43	21
Hancock, T. G., Company.....	11.67	3.21	12
Herlihy Brothers.....	12.23	3.75	41
Hickey, Martin J.....	12.30	3.83	11
Holden, John E.....	12.29	3.81	11
Holland & Cosgrove.....	12.53	3.93	24
Hood, H. P., & Sons, Inc.....	12.19	3.84	35
Howe, F. Esther.....	12.66	3.65	426
Hutchinson, Frank T.....	12.05	3.60	18
Jones, William T., Company.....	12.21	3.67	20
Kendall Brothers Company.....	11.96	3.53	377
Kennedy, Robert, Jr.....	12.46	3.95	85
Kingston, Samuel.....	12.60	3.88	66
Klaw & Freeman.....	12.58	4.00	17
Knapp, George J.....	12.62	3.80	308
Kozlofsky, Fedora.....	12.52	3.90	2
Lang, Michael J.....	12.07	3.63	5
Larsson, Charles.....	12.30	3.68	24
Lincoln Farms, Inc.....	13.16	4.50	2
Lyndonville Creamery Association.....	12.37	3.70	158
Manning, Peter E.....	12.57	3.82	133
Maple Farm Milk Company.....	12.23	3.65	61
McAdams, John F.....	12.48	3.92	40
McKernan, John.....	12.87	4.03	33
Millwood Farm, Inc.....	11.93	3.75	14
Munchbach, George.....	12.43	3.86	33
Newton & Pope.....	12.76	4.21	7
Noble, William F., & Sons, Inc.....	12.43	3.93	4
Robinson, Albert J.....	12.40	3.86	240
Robinson, James A.....	12.46	3.77	157
Runkle, John C.....	12.68	4.25	181
Schuster, Adam.....	12.43	3.88	16
Seven Oakes Dairy Company.....	12.23	3.80	10
Shick, Jacob.....	12.46	3.95	50
Somerset Farms Milk Company.....	13.14	4.43	9
Sterling Farms Milk Company.....	12.08	3.61	32

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Stone, Howard L.....	12.05	3.60	11
Stuart, Wallis E.....	12.66	3.95	8
Sullivan, J. D.....	11.95	3.58	27
Sullivan, John L.....	13.14	4.45	49
Swett, Warren J.....	12.98	4.30	10
Turner Centre System, Inc.....	12.39	3.82	14
Vartanian, Gazar.....	12.11	3.68	40
Vartanian, Setrag.....	12.54	4.11	34
Walker-Gordon Laboratory Company.....	12.47	4.02	28
Ware, George H.....	12.54	3.85	19
Weiler, E., & Sons.....	12.20	3.67	11
Werner, F., Company.....	11.88	3.60	35
Westwood Farm Milk Company.....	12.39	3.76	9
White Brothers.....	12.44	3.95	16
Whiting Milk Companies.....	12.24	3.76	39
Whittemore, Warner D.....	12.56	3.93	11
Wiswall, Granville A.....	12.22	3.68	12
Wittenberg & Recks.....	12.22	3.76	22
Woodland, Charles L.....	12.29	3.95	14

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.07	3.73	40
The Cloverdale Company.....	Turner Centre System, Inc.	12.30	3.83	37
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.58	4.13	20
Economy Grocery Company....	Whiting Milk Companies...	12.20	3.76	32
The Ginter Company.....	United Farmers Co-opera- tive Creamery Company.	12.05	3.48	18
Morgan Brothers Company....	Morgan Brothers Company,	12.42	3.91	28
O'Keefe's, Inc.....	J. M. Hagar & Sons.....	12.28	3.76	29
M. Winer & Co.....	Hyman Winer.....	12.22	3.75	420

WASH ALL FRUIT AND VEGETABLES.

The use of sprayed fruit and vegetables without washing is dangerous, and it is good sanitary practice to wash fruit and vegetables at all times. Gardens and orchards have been sprayed with

a compound that contains a harmful ingredient, arsenious oxide, and the inspectors of the Health Department have found some of this sprayed fruit grown locally that was being used without washing, and, after being examined bacteriologically, was found to contain arsenious oxide.

In previous years the Health Department has discovered and prevented the sale of shipments of fruit that had come from other parts of the country to Boston containing fruit similarly sprayed, but happily this practice has been discontinued. However, if any such fruit should come to your attention, do not eat it without thoroughly washing it, and report the matter to the Health Department.

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING AUGUST, 1925.

CLASSIFICATION.	Number.	Percentage.
	August.	August.
After death.....	4	8.70
Seven days or less.....	3	6.52
Eight to fourteen days, inclusive.....	1	2.17
Fifteen to twenty-one days, inclusive.....	3	6.52
Twenty-two to thirty-one days, inclusive.....	3	6.52
WITHIN FIRST MONTH. (Total).....	14	30.43
Within second month.....	4	8.70
Within third month.....	2	4.35
Within fourth month.....	2	4.34
Within fifth month.....	3	6.52
Within sixth month.....	1	2.18
Within seventh month.....	3	6.52
Within eighth month.....	—	—
Within ninth month.....	—	—
Within tenth month.....	—	—
Within eleventh month.....	2	4.35
Within twelfth month.....	1	2.18
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	32	69.57
Within second year.....	5	10.87
Within third year.....	1	2.17
More than three years.....	8	17.39
Grand total.....	46	100.00

SUMMARY OF THE WORK, AUGUST, 1925.

BUREAU OF ADMINISTRATION.

	August.		August.
Prosecutions ordered	15	Personnel:	
Legal notices	240	Temporary employment ex-	
Prosecutions withdrawn	2	tended	1
Personnel:		Special drafts	1
Employee transferred	1	Proposal for Repairs for De-	
Temporary appointment	3	tention Hospital	1

LICENSES, PERMITS, ETC., ISSUED.

	August.		August.
Forcible removals	2	Dump disapproved	1
Burial permits	901	Stable permit granted pro-	
Milk licenses	156	visionally	1
Peddlers' licenses granted	110	Offensive trade	1
Hen licenses granted	35	Undertakers, licensed	1
Hen license disapproved	1	Denatured alcohol licenses . .	7
Stable permit granted	1	Non-alcoholic beverage license .	1
Provisional stable permit re-		Manicure-massage:	
voked	1	Granted	44
Stable rights revoked	2	Lying-In Hospital disapproved,	1

MEDICAL DIVISION.

	August.		August.
Visits:		Medical inspectors' activities:	
By medical inspectors	441	Schick tests	9
By veterinarian	128	Toxin-antitoxin injections . . .	44
By investigators	166	Vaccinations	173
By nurses	1,168	Physical examinations for	
Cases brought to Boston for		camp	291
treatment	44	Maternal deaths investi-	
Nurses' Schick activities	53	gated	13

CHILD HYGIENE DIVISION.

NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF AUGUST, 1925.

	August.	
New baby and preschool home visits	981	
Old baby and preschool home visits	5,916	
Total		6,897
Wrong address	248	
Not seen	973	
FEEDING:		
Breast	1,863	
Formula	1,157	
Formula and breast	418	
Diet	2,238	

Ophthalmia visits	270
Infant death investigation visits	74
Maternal death investigation visits	6
Special visits	33
Total number of all visits	<u>7,280</u>

BABY CONFERENCES.

Number of conferences	93
Attendance	3,957
New babies	620

PRE-SCHOOL CONFERENCES.

Number of conferences	40
Attendance	264
New cases	97

HEALTH UNIT (17 Blossom Street).

MISCELLANEOUS UNIT ACTIVITIES:	August.
Complaints of insanitary conditions	15
Number of persons given health and other information	250
City visitors	3
Out of city visitors	7
Routine medical inspection of adults (evening service)| . . . . .	17

DENTAL SERVICE:

Number of operations	183
Number of dismissals	25
Number of children treated	134

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by Medical Inspector:

Visits made by medical inspector in the district	17
Vaccinations performed by medical inspector	73
Number of vaccination certificates issued	88
Number of children examined for camps and day nurseries	144

Nurses' visits:

Communicable disease visits by nurses in district	81
---	----

CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	9
Attendance at baby conferences	456
New babies at conferences	42
Number of preschool conferences	9
Attendance at preschool conferences	49
New cases at conferences	5
Home visits to babies and preschool children	967
Infant death investigation visits	4
Ophthalmia home visits	13
Special visits	4
* Number of poster classes	0
* Attendance at poster classes	0
* Number of cooking classes	0
* Attendance at cooking classes	0

*-Vacation season.

BOSTON SANATORIUM:

Calls made by nurses in the district	545
* Tuberculosis contact, children's clinics	0
* Number of children examined	0

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	754
---------------------------------	-----

HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	2
Number of persons given health and other information	28
City visitors	6
Out of city visitors	14
* Routine medical inspection of adults (evening service)	0
Yard playground attendance	3,105

DENTAL SERVICE:

Number of operations	72
Number of dismissals	11
Number of children treated	70

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district	25
Vaccinations performed by medical inspector	5
* Number of vaccination certificates issued	0
* Antitoxin, antityphoid, Schick tests and toxin-antitoxin administered	0
Number of children examined for camps and day nurseries	64

Nurses' visits:

Communicable disease visits by nurses in district	69
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	8
Attendance at baby conferences	215
New babies at conferences	39
Number of preschool conferences	8
Attendance at preschool conferences	45
New cases at preschool conferences	14
Home visits to babies and preschool children	898
Infant death investigation visits	6
Ophthalmia home visits	60
* Special visits	3
* Number of posture classes	0
* Attendance at posture classes	0
* Number of cooking classes	0
* Attendance at cooking classes	0

BOSTON SANATORIUM:

Calls made by nurses in the district	311
Tuberculosis contact, children's clinics	27
Attendance	594
Number of children examined	26

* Vacation season.

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses 1,411

BOSTON DISPENSARY:

Calls by district physician 14

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,
AUGUST, 1925.

SYPHILIS.

Current cases under investigation August 1, 1925 21

New cases assigned during the month 12

Total 33

DISPOSITION OF CASES.

Located:

Placed under treatment 5

Not Located:

Search abandoned 8

Under investigation August 31, 1925 20

Total 33

GONORRHEA.

Current cases under investigation August 1, 1925 92

New cases assigned during the month 75

Total 167

DISPOSITION OF CASES.

Located:

Under treatment 7

Placed under treatment 19

Further treatment unnecessary 1

Not Located:

Search abandoned 63

Fraudulent use of name 1

Under investigation August 31, 1925 76

Total 167

SUMMARY.

Current cases under investigation August 1, 1925 113

New cases assigned during the month 87

Total 200

DISPOSITION OF CASES.

Located:

Under treatment 7

Placed under treatment 24

Further treatment unnecessary 1

Not Located:

Search abandoned 71

Fraudulent use of name 1

Under investigation August 31, 1925 96

Total 200

Form letters mailed to above patients	77
Form letters unclaimed returned from post office	39
Form letters accepted by patients	38
Venereal disease complaints:	
New cases	9
Under investigation August 31, 1925	11
Disposition of complaints:	
No evidence of disease	3
Unable to locate	3
Under investigation August 31, 1925	14
Total	<u>20</u>

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	August.
New reports	303
Stores inspected	3,312
Sanitary defects remedied	93
Complaints at office	39
Referred to Sanitary Division	20
Milk applicants	56
Notices to abate nuisances	54
Peddlers:	
Applications for licenses approved	156
Vehicles inspected and approved	595
Court cases	5
Convictions	5
Fines	\$40
Filed after conviction	3
Laboratory Examinations:	
Bacteriological	4
Chemical	3

CONDEMNATIONS.

Beef	373 pounds	Cantaloupes	40
Corned beef	150 pounds	Cantaloupes	15 crates
Frankfurters	16 pounds	Candy	15 pounds
Kidneys	5 pounds	Buckwheat	4 pounds
Pork	2 pounds	Lettuce	7 crates
Poultry	112 pounds	Melons	242
Smoked shoulder	5 pounds	Malt	15 pounds
Veal	430 pounds	Peaches	2 boxes
Plucks	76	Peaches	3 baskets
Sweetbreads	60	Pears	$\frac{1}{2}$ box
Livers	8	Raisins	20 pounds
Spareribs	20 pounds	Swordfish	4 pounds
Tongues	9	Tomatoes	4 bushels
Beans	17 bushels	Haddock	4 pounds
Blueberries	37 crates		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		CHEMICAL LABORATORY.	
Frankfurts	1	Sherbet	1
Flour	1	Pears	1
Pie	1	Tonic	1
Urine	1		

LIVE STOCK INSPECTION (Brighton Abattoir).

	August.		August.
Cattle inspected	84	Parts condemned (lbs.)	178
Calves inspected	861	Animals condemned	5
Swine inspected	2,908		

DAIRY DIVISION.

	August.		August.
Total inspection	1,364	Inspections of milk plants and licensed dealers	208
Dairies inspected	821	Bacteriological examinations	36
Scoring above 50*	401	High bacterial counts investigated	13
Scoring below	420	Country creamery inspections	35
With milk rooms	377	Sediment tests	228
Without milk rooms	444		
Inactive	23		
Total cattle inspected	10,148		

* Passable mark.

BUREAU OF MILK INSPECTION.

	August.		August.
Chemical inspection of:		Liquors	2
Milk	1,338	Ice cream	82
Bacteriological examination of:		Milk	592
Water	1	Vinegar	70
Tonic	2	Court cases	32
Pears	1	Fines	\$735

SANITARY INSPECTION.

	August.		August.
Original inspections	775	Complaints investigated	515
New reports	1,110	Court cases authorized	5
Reinspections	3,607	Fines	25
Legal notices served	175		

BACTERIOLOGICAL LABORATORY.

	August.
Diphtheria	319
Tuberculosis	173
Typhoid	54
Gonorrhea	711
Gonorrheal ophthalmia	88
Syphilis	1,066
* Other examinations	52
Bacteriological examinations of milk	592
Bacteriological examinations of ice cream	84

* Smear for Vincent's Angina, 4; genito-urinary examinations, 12; malaria, 12; dark field, 3; water, 1; clams, 1; celery, 1; water for bacteria, 1; water for B. coli, 2; feces for typhoid, 9; urine for typhoid, 9; tests for virulence, 2.

VITAL STATISTICS, AUGUST, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING AUGUST, 1925,
WITH COMPARATIVE FIGURES FOR AUGUST, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	794	752	+42	12.17	11.62	+.55
Nonresidents deducted.....	643	608	+35	9.85	9.39	+.46
BY AGE:						
Under one year.....	109	120	—11	1.67	1.85	— .18
One year to four years, inclusive.....	34	40	—6	.52	.62	— .10
Sixty years and over.....	298	253	+45	4.57	3.91	+.66
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	48	47	+1	.73	.73	—
Arteriosclerosis.....	30	17	+13	.46	.26	+.20
Heart disease.....	109	104	+5	1.67	1.61	+.06
Nephritis, chronic.....	40	38	+2	.61	.59	+.02
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,729	1,674	+55	26.49	25.86	+.63
b. Registered stillbirths.....	47	51	—4	.72	.79	— .07
Stillbirths per 1,000 births and still- births.....				26.46	29.56	—3.10
c. Deaths of mothers from causes incident to childbirth.....	12	13	—1	.18	.20	— .02
Deaths of mothers per 1,000 births and stillbirths.....				6.77	7.54	— .77
Deaths of children in first year of life...	109	120	—11	1.67	1.85	— .18
Deaths in first year per 1,000 live births,				63.04	71.68	—8.64
VIOLENCE:						
Accidents.....	36	49	—13	.55	.76	— .21
Homicides.....	4	2	—2	.06	.03	+.03
Suicides.....	8	8	—	.12	.12	—
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	13	16	—3	.20	.25	— .05
Broncho-pneumonia.....	21	22	—1	.32	.34	— .02
Cancer.....	108	89	+19	1.65	1.37	+.28
Cirrhosis of the liver.....	4	3	+1	.06	.05	+.01
Diabetes mellitus.....	11	11	—	.17	.17	—
Diarrheal diseases, children under two years of age.....	33	30	+3	.50	.46	+.04

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, AUGUST, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....Cases..	5	10	—5	.08	.15	— .07
Deaths..	—	3	—3	—	.04	— .04
Cerebrospinal meningitis.....Cases..	—	4	—4	—	.06	— .06
Deaths..	—	1	—1	—	.015	— .015
Diphtheria.....Cases..	46	116	—70	.70	1.79	—1.09
Deaths..	3	7	—4	.04	.11	— .07
Influenza.....Cases..	5	1	+4	.08	.015	+ .065
Deaths..	1	—	+1	.015	—	+ .015
Measles.....Cases..	71	61	+10	1.09	.94	+ .15
Deaths..	6	1	+5	.09	.015	+ .075
Pneumonia (lobar).....Cases..	27	38	—11	.41	.59	— .18
Deaths..	13	9	+4	.20	.14	+ .06
Scarlet fever.....Cases..	68	69	—1	1.04	1.06	— .02
Deaths..	—	2	—2	—	.03	— .03
Tuberculosis (pulmonary).....Cases..	139	155	—16	2.13	2.39	— .26
Deaths..	53	58	—5	.81	.90	— .09
Tuberculosis (other forma).....Cases..	18	31	—13	.27	.48	— .21
Deaths..	10	10	—	.15	.15	—
Typhoid fever.....Cases..	17	5	+12	.26	.08	+ .18
Deaths..	2	1	+1	.03	.015	+ .015
Whooping cough.....Cases..	220	48	+172	3.37	.74	+2.63
Deaths..	8	3	+5	.12	.04	+ .08

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for August 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

PLAY SAFE !

BE VACCINATED !

It Will Prevent You From Catching Smallpox.

Smallpox is a dangerous disease.

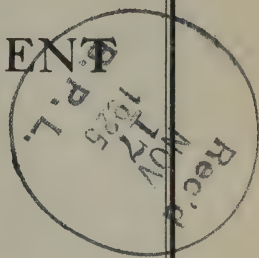
If you are vaccinated, you will avoid it.

**Go to your own doctor, or ask your employer to
arrange for you to be vaccinated.**

Committee on Public Health and Sanitation,
Health Department, Boston Chamber of Commerce.
Boston.

1559

MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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No. 10

CARBON MONOXIDE POISONING.

Carbon monoxide poisoning is very common and in most instances unsuspected. It is usually thought of as a rapidly fatal poisoning such as comes from inhaling gas from an illuminating gas jet or from running an automobile in a small garage. But headaches, nausea or dizziness attributed to other causes are often due to carbon monoxide poisoning. A kitchen gas range in which combustion is imperfect by reason of dirty or improperly adjusted burners is a frequent source of carbon monoxide poisoning. The feeling of tightness across the forehead, headache or tired feeling which follows an automobile ride may not be due to "eye strain" but to a leaky engine exhaust which lets up in a closed car or even in a touring car carbon monoxide gas and other products of incomplete combustion of gasolene and oil. A more or less constant exposure to small amounts of carbon monoxide leads to a chronic poisoning which may manifest itself in various symptoms of ill health none of which will be indicative of the real cause of trouble.

People are accustomed to rely on their sense of smell to scent danger from illuminating gas. Illuminating gas is a mixture of various combustible gases, and owes its characteristic odor to constituents other than to the carbon monoxide which it contains.

Carbon monoxide is odorless and gives no warning of its dangerous presence. That is the principal reason why deaths in a closed garage so frequently occur. Susceptibility to poisoning from carbon monoxide varies unaccountably in different persons and it is quite possible for one, by more or less constant exposure, to develop chronic carbon monoxide poisoning from improperly adjusted gas burners or leaky fixtures in the house when the amount of unburned gas is too small to be detected by the sense of smell.

While illuminating gas and automobile exhausts are the most common sources of danger, carbon monoxide gas is likely to be generated whenever or wherever coal, wood, oil or other carbonaceous material or chemical compounds containing carbon are being burned or oxidized. Limestone which consists chiefly of carbonate of lime (Ca CO_3) is an example of such a carbonaceous compound. The fumes from lime kilns were one of the first recognized causes of chronic carbon monoxide poisoning. In our modern industries, with their complicated chemical processes, the opportunities for poisoning have multiplied greatly. Carbon monoxide is given off when charcoal is burned.

If carbonaceous material be completely oxidized by "burning" or otherwise, carbon dioxide (CO_2) and not carbon monoxide (CO) is formed. Both have the property of uniting with the hemoglobin in the red corpuscles of the blood. Carbon dioxide is constantly being formed in the body in the course of vital processes and is removed by the blood. It gives the blue color to venous blood. The combination of carbon dioxide with the hemoglobin is a loose affair and the blood quickly gives up its carbon dioxide when the blood comes in contact with the oxygen of the air in the lungs. Furthermore, the carbon dioxide acts as a nervous stimulant to respiration and one breathes faster when for any reason the amount of carbon dioxide is increased in the blood. On the other hand the combination of carbon monoxide in the blood is a more stable affair. Recent investigations indicate that the combination of the carbon monoxide and the hemoglobin is not an absolutely permanent chemical compound destroying further usefulness of the red blood corpuscle as was formerly taught, but it produces dangerous effects by preventing the red blood corpuscle from carrying oxygen until the carbon monoxide is eliminated. The blood tends to give up its carbon monoxide slowly in the presence of air and furthermore carbon monoxide does not act as a stimulant to respiration. For this reason the artificial respiration which must be resorted to in cases of acute carbon monoxide poisoning may, under certain conditions, be aided by employing some means of putting carbon dioxide into the lungs.

One reason why carbon monoxide poisoning, especially chronic poisoning, is so common is that there has been no simple method of detecting the presence of carbon monoxide or of determining the amount in the atmosphere, either of the home or an industrial establishment. It has long been recognized, however, that the blood in the body of a person who has died of carbon monoxide poisoning has a peculiar and almost characteristic bright scarlet red color. Chemical tests have shown that the color is due to the combination of the carbon monoxide with hemoglobin of the blood. As a test of the presence of carbon monoxide in the blood there has also been used what is known as the Wetzel test. It depends upon the fact that when diluted normal blood is mixed and shaken with a solution of tannic acid and allowed to stand, gray suspended matter is to be seen, whereas blood containing carbon monoxide in combination with hemoglobin will remain red.

This last named fact has recently been utilized by the United States Bureau of Mines* as an easy practicable method, somewhat like the Talquist anaemia test, for determining the presence and amount of carbon monoxide in a room or in a person's blood. It is, in substance, a method of determining the amount of carbon monoxide in air or the degree of saturation of a person's blood by comparing the intensity of the red color of a solution to be tested with a set of standard solutions.

For the examination of air as well as blood an additional apparatus is required. As designed by the United States Bureau of Mines all the apparatus is arranged to be carried in a pocket case $8\frac{7}{8}$ inches by 4 inches by $2\frac{1}{4}$ inches and may be kept always ready for emergency calls.

The standard solutions are in a set of test tubes. Each test tube represents a mixture of pyrogallie and tannic acid and of blood saturated to a certain percentage with carbon monoxide. The intensity of the color of the test tube thus indicates the percentage of carbon monoxide. As the standard mixtures actually containing blood cannot be depended on to preserve their color more than two or three weeks without changing somewhat, permanent standard solutions are made by matching blood solutions with solutions colored with artists' oil colors. Tests have shown that even in the hands of inexperienced men the apparatus of Sayers and Yant gives results which compare very favorably in accuracy with the more elaborate methods of laboratory analysis.

As specific examples of uses which have been made of this apparatus the following may be cited:

* The pyrotannic acid method for the quantitative determination of carbon monoxide in blood and in air, by R. R. Sayers and W. P. Yant, technical paper 373, United States Bureau of Mines.

1. Examination of the air of a room in which poisoning had resulted from the operation of a gas stove.

2. Examination of the blood of cases of sickness in a factory indicated carbon monoxide poisoning which was then traced to an unsuspected leak in the exhaust pipe of a gas engine located in another floor.

3. Sickness of workmen was found in examination of their blood to be due to carbon monoxide poisoning. The cause was discovered to be a leaky blast furnace.

4. In connection with a health survey the examination of the blood of workmen in a garage showed that they were being poisoned by automobile exhaust fumes.

5. Analysis of the air showed when a mine could be safely entered after blasting.

6. Examination of blood of workmen in a tunnel led to discovery that sickness was due to causes other than carbon monoxide poisoning.

Experience with this apparatus has served further to emphasize the prime necessity in cases of acute poisoning of getting oxygen into the lungs of the person as quickly as possible. It is strongly advised that oxygen tanks and inhalers be kept at hand in industrial establishments where carbon monoxide poisoning is likely to occur.

In treating persons overcome by carbon monoxide artificial respiration should always be undertaken whenever breathing is weak even though breathing may not have stopped. The Schaeffer method is recommended. A word of caution here is appropriate. For some reason instruction which is being given in this procedure is resulting in handling too roughly unconscious persons to whom it is applied. Cases have come to the attention of the Boston Health Department in which ribs have not only been fractured but internal organs punctured by the broken ends of the ribs.

As a stimulant to respiration an addition of 5 per cent of carbon dioxide gas to the oxygen is recommended. But in this connection it is to be remembered that ability to respond to such stimulation decreases as the degree of poisoning increases so that carbon dioxide is practically valueless in profound unconsciousness. The important matter in every case of poisoning is to get oxygen in contact with the person's blood and the carbon dioxide is only valuable as it may help to this end by stimulating natural respiration. As in all cases of unconsciousness from whatever cause it is important that bodily warmth should be preserved by every means available and that the person be kept in a horizontal position with the limbs straight so that the heart will not have to pump blood against gravity or through compressed blood vessels.

EAST BOSTON'S NEW "CORNER STONE" OF HEALTH GIVEN NOTABLE START AT CEREMONIES WHEN BLOCK OF NEW UNIT IS LAID IN POSITION.

Second Building to be Built by George R. White Fund Gets Good Start with Appropriate Ceremonies.

Mayor Curley and many leading citizens of Boston took part in the ceremonies in connection with the laying of the corner stone of the new health unit being erected by the George R. White Fund in East Boston. The exercises took place at noon, October 1, at Paris and Emmons streets, East Boston.



Several hundred people were present, including a number of school children, and while some of them had seats in an enclosure in front of the building corner, the crowd at large found positions of vantage on a pile of pavement blocks in Paris street, affording a good view of the ceremonies.

Considerable progress has been made on the building already. Along Emmons street the brick wall is almost up to the top of the first story. The site selected for the corner stone is that at the corner where Emmons street comes into Paris street.

A copper box was inserted and sealed in that stone by Mayor Curley and in the box there were copies of all the daily newspapers in Boston, a copy of George Robert White's will, which makes possible the erection of the building, the *City Record*, some health

journals, health statistics, the key to the city, Mr. White's picture, a history of Boston and a copy of the corner stone program followed at the ceremonies.

George E. Phelan, who is the manager of the White Fund and therefore has general supervision of the construction of the building, presided and in his introduction referred to the policy of establishing health units in the city. He paid a tribute to Mr. White whose bequest provided for work of utility and beauty in the city, enabling Boston to lead the world in this kind of health work.

After invocation by Rev. James H. O'Neil an address was delivered by George R. Nutter, one of the trustees of the White Fund. He said that good health and good sense have been declared to be life's richest blessings, and since the people of East Boston already had good sense the trustees come now to bring them good health and in this connection Mr. Nutter traced the development of health and bodily perfection among the Romans and attributed to this their hardihood and their ability to conquer the world. The recent World War revealed the serious physical condition among the youth of America, and he said that nothing can be finer now than the warfare for preventive medicine.

Dr. F. X. Mahoney, the Health Commissioner of Boston, referred to the fact that it is just eleven months since the corner stone was laid for the first health unit, in the North End, and he said that since then the work which is being done here has been studied by every country in Europe, by India, Australia and New Zealand. People in those countries have written to inquire about it and they have come here to make personal study of it. New York has started to build the same kind of units. Doctor Mahoney thanked Mayor Curley and the medical profession for the interest they have taken in this work.

The next speaker was Dr. Alexander S. Begg, who represented the health committee of the Boston Chamber of Commerce. Linking the work with the interests of the business men of the city, he said that this is the golden age of medicine.

Horace Morrison, speaking for the Boston Health League, explained how this unit can correlate the work of the various health agencies in East Boston. He called for an educated public opinion on health matters and predicted that this building will become a live community center.

Mayor Curley was the last speaker, and after his address he sealed the box in the corner stone, using a new trowel for the purpose.

The ceremonies were witnessed by Mrs. Harriet J. Bradbury, the surviving sister of Mr. White.

This second unit is to cost \$250,000 and will be completed before

the end of the present administration. It is planned to remove one of the health menaces of the district by doing away with congestion and building up the health of the community.

The lot on which the building is being erected has about three times the area of the structure and will provide for two yards to be paved for recreation purposes. The building itself will be larger in floor space than the first unit in the North End but will not be so high.

It is to be of red brick with limestone trimmings and of fireproof construction. In the basement will be a cafeteria serving 100 persons, locker rooms, store rooms and heating equipment. There will be on the first floor rooms for children waiting for treatment. This room will connect with dental, eye and posture clinics; also pre-school and pre-natal clinics.

On the second floor will be an auditorium seating 200 persons, with motion picture booth and stage. This floor will also contain rooms for the Family Welfare Society, Catholic Charitable Bureau, Jewish Welfare Center, Boston Sanatorium nurses and Community Health Association nurses.

The program of exercises and those who took part follow:

Introductory — George E. Phelan presiding.

Invocation — Rev. James H. O'Neil, LL.D.

Addresses — George R. Nutter, trustee of the White Fund; Dr. F. X. Mahoney Health Commissioner; Dr. Alexander S. Begg, Chamber of Commerce; Horace Morrison, Boston Health League; Hon. James M. Curley, Mayor of Boston.

THE INFLUENCE OF EPIDEMICS ON BUSINESS.

The public is being treated to philippics with respect to the damage to business caused by the activities of public health agencies in efforts to control or prevent epidemics of disease. It has been alleged that warnings published by authorities and recommendations for more general vaccination, for example, have caused hysteria and damaged business. It is felt by some that smallpox is a much less serious menace to business than general vaccination, although smallpox, according to history, is dangerous to life, may have disabling sequelæ and its control involves the expenditure of relatively large sums of money and disturbs business in proportion to the extent of an epidemic.

Those who believe in the application of science to the control of disease will find comfort in the position taken by Prof. Charles Hodges of New York, who states in an article in the World Health Number of the *League of Nations News* that,

"Public health is the physical foundation of world-wide commercial intercourse." "Disease is a costly, direct and indirect burden upon international trade, finance and industry. It can close markets, blockade sources of supply and change trade routes, with all the economic stagnation the situation implies. The health work of the League of Nations is in line with the more scientific control of international factors bearing upon present-day business.

"The United States is not more than thirty days from bubonic plague, cholera, yellow fever and the other endemic diseases of the world's cesspools. Commerce itself would languish while our prosperity — indeed our necessities, in the way of raw products for our world-dependent industries — would disappear if anything like the old medieval sweep of disease ravaged our great work of nations as it shook Europe in the Middle Ages.

"Every ship operator fears what lies behind the yellow flag of quarantine; and merchants, bankers and manufacturers understand how important it is that we should guard our health at our gates to world intercourse.

"But so long as vast parts of the earth remained outside the march of progress it had to be a national affair with narrow horizons of watchfulness."

Because his illustrations did not include smallpox by name, it may be contended that the medical profession is assuming too much in its concern over the more definitely domestic problem of smallpox in disrupting business; but without vaccinating, smallpox would become again a great devastating epidemic. The people have known that vaccination is a personal responsibility to a considerable extent and would indorse its application under stress, but the management of disease referred to by Professor Hodges is now largely an academic consideration among our people, made thus by the efficiency of national health officials, for in them we place our trust. Smallpox would become a matter of interest only to the historian if everybody would be vaccinated and revaccinated at proper intervals. The direct control is within the power of the people.

For the sake of material prosperity, if for no other reason, this domestic responsibility should be carried by the individual.— *Boston Medical and Surgical Journal*.

DO YOU WISH TO RECEIVE BULLETIN REGULARLY?

Have you mailed the post card that was inclosed in the last Bulletin? If not, your name will not be carried on the mailing list of this department to receive the "Monthly Bulletin." If the card has been mislaid or lost drop a line to the Health Department that you want your name carried on our mailing list.

VENEREAL DISEASES TO BE REPORTED TO LOCAL HEALTH DEPARTMENT.

The law affecting the reporting of venereal diseases in this Commonwealth has been changed by chapter 215 of the Acts of 1925, and in a paper written by the late State Commissioner of Health, Dr. Eugene R. Kelley, for the journal of the American Medical Association, he explains the construction of the law which provides that physicians shall report to local health departments rather than to the state department, venereal diseases which come to their attention. Doctor Kelley says that:

Beginning in October, 1925, all communicable cases of gonorrhea and syphilis shall be reported to local boards of health, rather than to the State Department of Health, as heretofore. This is an advance. The local board will be responsible for the control of all communicable diseases within its jurisdiction. But how can it possibly control anything of which it does not know the existence? Such a change is made by the department following the passage of a resolution by the Massachusetts Association of Boards of Health recommending the same. Chapter 215, Acts of 1925, reads that these diseases shall be reported "in accordance with such special rules and regulations as the department may make, having due regard for the best interest of the public."

Thus at the first visit after the diagnosis has been made, if the disease is considered to be in a communicable stage, and after the seriousness of the condition and the probable length of time required for treatment has been explained, special instruction towards the prevention of spread of infection should be given, particularly if the patient is a food handler, caring for children or married. Blanks for reporting can be obtained from the local health authorities. The proper numbered instruction sheet should be given the patient, after the perforated report stub similarly numbered has been detached. This does not have space for the name and address, but the other data requested should be filled in and mailed to the local Board of Health of the community in which the diagnosis is made. If the patient is a nonresident, the information will be forwarded to the Board of Health where he is a resident.

When should the patient's name and address be reported? These should be given to the local board only when the physician is of the opinion that the patient is not complying with instructions and is therefore a menace to the public health. Occasionally this may occur at the initial visit when the patient may show that he does not intend to remain under treatment nor take the precautions necessary to prevent spread. More often it will be shown by a failure to return for treatment at the appointed time. Although

slight irregularities of attendance may be inevitable, an unexplained lapse of three weeks should be considered as evidence that the patient is a "menace," but the report may be made at any time prior to that as the physician's judgment dictates. The blanks for reporting by name and address are also obtained from and should be sent to the local health authorities.

Doctors are very largely aware of their responsibility in getting under observation other members of the family of the venereally infected patient, but many do not feel any responsibility for care of the suspected source of infection outside of the patient's family. Bringing such sources of infection under treatment is one of the most baffling of all communicable disease problems, but it is certainly at the very heart of venereal disease control. This can be accomplished most effectively by the doctor inducing the patient to have the suspected individual come in for observation and treatment, if indicated. Where this is not possible the name and address of the suspected source should be sent to the local board.

In cases where the name is sent by the physician to the local board and it subsequently develops that the patient was not suffering from venereal disease, the law is clear and to the point. If the physician after complying with the law in making the diagnosis, as discussed above, subsequently sends the name of the patient to the local board, and it develops that the patient did not have the disease, the physician would be protected if he acted in good faith and reported the case without malice. Obviously, it is the legal duty of the physician to report the case. The law also gives the local boards an "interest" in the report, as well as certain obligations and the law gives the right to them to know and act upon the facts stated. Therefore the law says that both the physician and the local boards are protected in performing their obligations provided they act in *good faith and without express malice*.

REGULATIONS GOVERNING THE REPORTING OF GONORRHEA AND SYPHILIS.

1. In compliance with the provisions of chapter 215, Acts of 1925, on and after October 1, 1925, gonorrhea and syphilis are to be reported in the manner provided by these regulations.

2. Gonorrhea or syphilis in a communicable stage is to be reported at the earliest possible moment that a diagnosis is made.

3. Whenever a physician has reason to believe that a person whom he has examined is suffering from gonorrhea or syphilis in a communicable stage, he shall furnish such person with a numbered circular of information and advice concerning the disease in question

furnished for that purpose by the State Department of Public Health through the local boards of health.

4. The physician shall at the same time fill out the numbered report attached to the circular of advice and forthwith mail the same to the local board of health in the community where the diagnosis is made. This report shall not contain the name or address of the patient.

5. If, however, the physician ascertains that such person has received a circular of information from another physician he shall not report the case as above directed, but shall notify the physician last previously consulted of such patient's change of medical adviser.

6. Whenever any person suffering from gonorrhea or syphilis in a communicable state fails to return for treatment within a reasonable time (not exceeding twenty one days from the time last set by the physician), or whenever in the opinion of the physician the patient is a menace to the public health, the physician shall immediately notify the local board of health, giving name, address of patient, age, sex, occupation, name of disease and serial number.

7. The local board of health shall forward to the State Department of Public Health daily a list of the cases of gonorrhea and syphilis that have been reported either by number or by name, on forms and in envelopes furnished by the department.

EUGENE R. KELLEY, M D.,
Commissioner of Public Health.

[Approved and adopted at a meeting of the State Department of Public Health held on July 14, 1925.]

ICE CREAM.

There is so much difference in butter fat standards for ice cream that we thought it worth while to show what they were. There are forty-two states that have ice cream standards. A few of the states have the highest percentage of butter fat and many of them have the standard of 8 per cent. A few of the others have a standard for plain ice cream at 8 per cent, and for nut or fruit ice cream of 6 per cent. The standard for Massachusetts is between these two, namely 7 per cent. It can be seen that there is quite a variation from those states which think they must have it at 14 per cent, down to those where a minimum standard is satisfactory. We believe that a minimum standard gives the best results all told. In fact, we have very little ice cream in this state which is down to 7 per cent. We do not favor 14 per cent for a state standard, for as a matter of fact, most people eat ice cream when they do not need it for food purposes. The butter fat standards for ice cream follow:

New Hampshire, 14 per cent; Florida, Maine, Nebraska, Nevada, South Dakota, Utah and Vermont, 14 per cent for plain ice cream and 12 per cent for nut or fruit; North Dakota, 12 per cent; Iowa, Wisconsin, Minnesota, 12 per cent for plain and 10 per cent for fruit or nut. Arizona, Colorado, Wyoming, Kansas, 10 per cent; California, Louisiana, Michigan, Oregon, Kentucky, Maryland, Oklahoma, 10 per cent for plain and 8 per cent for nut or fruit; Montana, 10 per cent for plain and 9 per cent for nut or fruit; Georgia, Virginia, Illinois, Indiana, Mississippi, New York, North Carolina, Ohio, Rhode Island, West Virginia,* Washington, 8 per cent; Alabama, New Jersey, Tennessee, Connecticut, Pennsylvania, Texas, 8 per cent for plain and 6 per cent for nut or fruit; Massachusetts, 7 per cent.

While our butter fat standard is at 7 per cent for ice cream the actual ice cream sold generally is of a much higher per cent. At two different times during the week of July 19 to July 25, samples were collected. The following results from these will be interesting.

NUMBER OF SAMPLES.	Butter Fat Content.	NUMBER OF SAMPLES.	Butter Fat Content.
1.....	21 per cent	2.....	11.5 per cent
1.....	18.5 per cent	3.....	11 per cent
1.....	17.5 per cent	6.....	10.5 per cent
2.....	15 per cent	4.....	10 per cent
1.....	14.5 per cent	1.....	7.5 per cent
1.....	12.5 per cent	1.....	7 per cent
3.....	12 per cent		

The bacteriological results are interesting as shown by the following results obtained from two trips for ice cream samples made recently. The results as below are very good and are much better than we could expect. It will be noticed that all these samples are within the standard. The results follow.

NUMBER OF SAMPLES.	Bacteria Per Cubic Centimeter.	NUMBER OF SAMPLES.	Bacteria Per Cubic Centimeter.
1.....	800,000	10.....	200,000
1.....	700,000	1.....	120,000
4.....	600,000	7.....	100,000
3.....	500,000	1.....	80,000
4.....	400,000	1.....	70,000
8.....	300,000	1.....	50,000

* Allowance made for reduction in the percentage of milk fat and milk solids not fat to the extent to which other ingredients have been added.

SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during September. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.22	3.71	6
Allen, Fred H.....	12.16	3.62	13
Antetomasso, Peter.....	12.76	4.26	8
Barron, Clarence W.....	12.76	4.10	4
Bergmann, John H.....	12.66	4.06	12
Bolio, William J.....	13.12	4.43	140
Brandley, T. J., & P. J.....	12.27	3.75	16
Casey, James D.....	13.58	4.50	68
Cashin, James F.....	12.38	3.81	52
Cedar Hill Farms, Inc.....	13.19	4.36	16
Chapin, George L.....	12.26	3.50	10
Childs Brothers.....	12.33	3.80	24
Clapp, Frank L.....	12.96	4.35	12
Clark, Levi.....	12.13	3.65	26
Converse, Marquis M.....	12.28	3.67	31
Corkery, John H.....	12.18	3.65	224
Crowell, Raymond.....	12.44	3.86	59
Cummings, F. S., Company.....	12.20	3.70	14
Cunningham, Paul.....	12.84	4.25	12
Cusick, William H.....	12.65	4.01	120
Dach, Barney.....	12.73	4.20	33
Deerfoot Farm Milk Company.....	12.57	4.00	13
Denehy, Timothy.....	12.23	3.76	28
Driscoll, William B., Company.....	12.40	3.81	9
Duggan Brothers.....	12.63	4.00	101
Edgerly, Frank S.....	12.44	3.93	27
Elm Spring Farm Milk Company.....	12.24	3.76	30
English J., & Son.....	13.00	4.10	40
Feeley, Catherine M.....	12.36	3.70	56
Ferguson, Malcolm D.....	12.76	4.10	60
Floyd Milk Company.....	12.44	4.03	14
Furbush, Almon J.....	12.89	4.15	14
Garfield, Mason.....	14.76	5.40	12
Garvin, Charles E.....	13.18	4.37	11

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Giroux, J. E., & H. J.....	12.50	3.96	49
Griffin, Joseph L.....	12.38	3.83	16
Gushee, Chester W.....	12.65	3.96	116
Hagar, J. M., & Sons.....	12.35	3.72	15
Hancock, T. G., Company.....	12.26	3.85	74
Herlihy Brothers.....	12.41	3.90	72
Hickey, Martin.....	12.37	3.75	9
Holden, John E.....	12.32	3.83	8
Holland & Cosgrove.....	12.64	4.05	66
Hood, H. P., & Sons, Inc.....	12.21	3.83	15
Howe, F. Esther.....	12.72	3.90	20
Hutchinson, Frank T.....	12.37	3.61	28
Jones, William T., Company.....	12.34	3.83	14
Kendall Brothers Company.....	12.54	4.08	73
Kennedy, Robert, Jr.....	12.64	4.20	50
Kingston, Samuel.....	13.03	4.26	14
Klawe & Freeman.....	12.47	3.93	39
Knapp, George J.....	12.56	3.91	357
Kozlofsky, Fedora.....	12.42	3.75	62
Lang Brothers.....	12.38	3.85	24
Larsson, Charles.....	12.54	3.88	14
Lincoln Farms, Inc.....	12.04	3.15	391
Lyndonville Creamery.....	12.46	3.61	52
Manning, Peter E.....	12.39	3.86	313
Maple Farm Milk Company.....	12.24	3.70	33
McAdams, John F.....	12.43	3.93	337
McKernan, John.....	13.26	4.56	37
Millwood Farm Milk Company.....	12.58	4.02	19
Munchbach, George.....	12.17	3.56	47
Newton & Pope.....	12.43	3.86	110
Noble, William F., & Sons.....	12.56	3.95	10
Podren, Philip.....	12.68	4.12	17
Robinson, Albert J.....	12.40	3.95	460
Robinson, James A.....	12.49	3.82	62
Runkle, John C.....	12.60	4.02	19
Schuster, Adam.....	12.52	4.10	16
Seven Oaks Dairy Company.....	12.32	3.83	48
Shick, Jacob.....	12.37	3.65	257
Somerset Farms Creamery Company.....	12.89	4.16	14
Sterling Farm Milk Company.....	12.31	3.78	15

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Stone, Howard L.....	12.01	3.53	12
Stuart, Wallis E.....	12.50	3.93	12
Sullivan, Jeremiah D.....	12.17	3.77	8
Sullivan, John L.....	13.44	4.63	53
Swett, Warren J.....	12.03	3.52	3
Turner Centre System, Inc.....	12.32	3.88	17
Vartanian, Gazar.....	12.63	3.90	12
Vartanian, Setrag.....	12.70	4.15	6
Walker-Gordon Laboratory Company.....	12.78	4.16	8
Ware, George H.....	12.52	3.86	10
Weiler, E., & Sons.....	12.26	3.73	14
Werner, F., Company.....	12.34	3.91	68
Westwood Farm Milk Company.....	12.27	3.75	16
White Brothers.....	12.61	3.80	12
Whiting Milk Companies.....	12.42	3.90	25
Whittemore, Warner D.....	12.64	4.03	12
Wiswall, Granville A.....	12.21	3.73	19
Wittenberg & Reeks.....	12.31	3.81	48
Woodland, Charles L.....	12.41	3.95	52

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.20	3.81	67
The Cloverdale Company.....	Turner Centre System, Inc.,	12.32	3.81	12
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.61	4.10	26
Economy Grocery Company....	Whiting Milk Companies...	12.44	3.90	140
The Ginter Company.....	United Farmers Co-opera- tive Creamery Company.	12.31	3.88	10
Morgan Brothers Company.....	Morgan Brothers Company	12.50	3.93	21
O'Keefe's, Inc.....	J. M. Hagar & Sons.....	12.16	3.58	24
M. Winer Company.....	Hyman Winer.....	12.37	3.86	100

THE POPULARITY OF THE HEALTH UNIT.

The international recognition of the work being done by the health units is manifested by a constant visitation of health and welfare workers from all over the world.

A study of the visitors' book of the North End Health Unit shows

people registered from Vienna, Austria; Birmingham and London, England; Bina, India; Paris, France; Berlin, Germany; Dublin, Ireland; Dunferline, Scotland. Our visitations from cities in the United States include New York, Philadelphia, Chicago, Pittsburgh, Detroit, Washington, San Francisco, Minneapolis, Toledo, Indianapolis, Scranton, Palo Alto and Chapel Hill, California; Portland and Bangor, Maine; Falconer, New York; Hartford, Connecticut; Springfield, Somerville, Wellesley, Newburyport, Newton, North Cohasset and Fairhaven, Mass.

The men and women registered are leaders in public health and welfare endeavor connected intimately with official and voluntary agencies engaged in this work.

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING SEPTEMBER, 1925.

CLASSIFICATION.	Number.	Percentage.
	Sept.	Sept.
After death.....	7	17.07
Seven days or less.....	8	19.50
Eight to fourteen days, inclusive.....	—	—
Fifteen to twenty-one days, inclusive.....	1	2.44
Twenty-two to thirty-one days, inclusive.....	2	4.88
WITHIN FIRST MONTH.....	18	43.89
Within second month.....	2	4.88
Within third month.....	2	4.88
Within fourth month.....	—	—
Within fifth month.....	2	4.88
Within sixth month.....	1	2.44
Within seventh month.....	1	2.44
Within eighth month.....	2	4.88
Within ninth month.....		
Within tenth month.....		
Within eleventh month.....		
Within twelfth month.....	2	4.88
WITHIN FIRST YEAR PRECEDING DEATH.....	30	73.17
Within second year.....	4	9.76
Within third year.....	—	—
More than three years.....	7	17.07
Total.....	41	100.00

DEATH OF STATE HEALTH COMMISSIONER.

Dr. Eugene Robert Kelley, Commissioner of Public Health of Massachusetts, died at his home in Boston, September 26. He was born in Bancroft, Maine, November 5, 1882, the son of George Washington and Clara Blanch (Hinch) Kelley. He received the degree of A. B. from Bowdoin College in 1902; M. D. from Johns Hopkins in 1906; and a D. Sc. from Bowdoin in 1925. On June 9, 1909, he married Grace Elizabeth Boutelle of Boston.

Doctor Kelley was Assistant Commissioner of Health of the State of Washington from 1909 to 1911, and Commissioner of Health from 1911 to 1915. In 1915 he accepted the Directorship of the Division of Communicable Diseases of the Massachusetts State Department of Health, serving until 1918, when he was appointed Commissioner of Public Health of the Commonwealth, in which capacity he served until his death.

The late commissioner was a member of the American Public Health Association, Massachusetts Medical Society, American Medical Association, Massachusetts Association of Boards of Health, and a former President of the Conference of State and Provincial Health Authorities of North America (1921-22), and the Massachusetts Conference on Social Work (1923-24).

In the death of Doctor Kelley the city, state and nation lose a valuable worker in the cause of public health. Besides being a contributor of numerous papers on scientific, medical and public health subjects, he was an interested, devoted and progressive sanitarian, an administrator well trained in his chosen profession, and the possessor of a personality and of professional qualities that made him a conspicuous leader in the promotion of public health in this country.

FOUR RECOVERED LEPERS DISCHARGED.

Four lepers who went to U. S. Marine Hospital No. 66, Carville, La., the National Home for Lepers, a few years ago, have been discharged, according to a statement made by the United States Public Health Service. They are no longer a menace to the public health, the disease having been cured, or, according to official parlance "arrested." The conditions under which lepers are released from this institution are exceedingly rigid. They require special observation for a period of one year, including monthly bacteriological examinations to show that the leprosy bacillus is absent from the tissues. Certification of cure is also required from

a board of three medical officers stationed at the hospital and experienced in leprosy.

The treatment at Carville includes the use of chaulmoogra oil, special preparations of mercury used intravenously, X-ray therapy surgery of superficial areas of involvement, hydrotherapy and the violet ray. The results of treatment have been sufficiently encouraging at this institution to induce numerous other patients, of whom there are believed to be several hundred in the United States, to agree to their transfer. A special car fitted up for the purpose, and carrying a doctor and a nurse, was used in the transfer last week of eleven patients from Florida, and seven were brought from California. There are at present 236 leper patients at Carville.

BIRTHS AND INFANTS' DEATHS.

The following figures give an idea or comparison of the infant mortality situation in Boston this year for nine months as compared with the statistics for last year. It will be noted that there is an increase in the number of deaths under one year of age and on the other hand there is a marked reduction in the number of births occurring so far this year, not allowing for a normal increase that should obtain over last year; and because our infant mortality rate is based on the number of births, the infant mortality rate thus far shows a decided increase over last year.

	BIRTHS.		INFANT DEATHS.	
	1925.	1924.	1925.	1924.
January.....	1,152	1,328	177	136
February.....	1,464	1,487	144	143
March.....	1,559	1,670	151	133
April.....	1,379	1,605	134	134
May.....	1,572	1,672	136	113
June.....	1,703	1,567	107	106
July.....	1,496	1,725	104	104
August.....	1,729	1,674	108	120
September.....	1578	1772	140	113

TEN RULES FOR HEALTHFUL LIVING.

Do you want to be healthy?

By following these rules most everyone can become and remain healthy:

1. Food—Milk, a quart a day for children; cereals; vegetables every day, including leafy ones such as lettuce, spinach, beet tops, to get the necessary vitamins; fruits every day; eggs; meat in moderation; sweets in moderation; 8 glasses of water a day.
2. Posture—Stand and sit straight; stand tall, keep head up, chin in, chest out, abdomen in, back straight, shoulders back; walk largely on balls of feet, with feet straight—not turned out.
3. Exercise—Enough every day to sweat freely. Walk 3 miles a day if you can't do anything better. Play in the open air.
4. Rest—When tired. Never eat a hearty meal when tired. Sleep at least 8 hours with bedroom windows open.
5. Mouth—Brush the teeth after meals and at bedtime. Keep the mouth clean. Salt and water is a good mouthwash.
6. Bowels—At least one good movement a day, preferably after breakfast. Many a headachy, ailing individual owes his trouble to constipation. Coarse cereals, vegetables, fruits like apples, prunes, etc., and plenty of water will usually ward off constipation. Don't use drugs.
7. Baths—A cold bath every day if it makes you feel good, otherwise a tepid bath; a warm cleansing bath once a week.
8. Clothing—Suitable to the season: it should not be too heavy.
9. Communicable Disease—Practise good health habits; avoid the careless spitter and sneezer, the common drinking cup or towel; eat and drink only clean foods. Keep your fingers away from your mouth.
10. Mental Hygiene—In many ways most important of all. Refuse to worry and hurry. Be calm. Control your emotions.

Be Cheerful. Be Friendly. Be Independent.

Follow Emerson's advice and work with your own hands, stand on your own feet, and think your own thoughts. Thus you will acquire poise, the truest sign of a real man or woman.

SUMMARY OF THE WORK, SEPTEMBER, 1925.

BUREAU OF ADMINISTRATION.

	September.		September.
Prosecutions ordered	29	Repairs authorized for chimney and fire box at Detention Hospital	1
Legal notices	222	Repairs authorized for garage doors	1
<hr/>			
Budget appropriation transferred	1	Personnel:	
Trips out of town authorized,	4	Employee reinstated	1
Bid awarded for repairing roof of Detention Hospital	1	Employees transferred	2
Bid awarded for furnishing nurses' uniforms	1	Employee promoted	1
		Employee resigned	1
		Temporary employment extended	1

LICENSES, PERMITS, ETC., ISSUED.

	September.		September.
Special meeting called	1	Dumps revoked	1
Burial permits	890	Garbage license granted	2
Milk licenses	144	Undertakers licensed	1
Pedlers' licenses granted	59	Denatured alcohol licenses	7
Pedlers' license revoked	1	Non-alcoholic beverage licenses,	1
Hen licenses granted	18	Manicure-massage:	
Dumps approved	3	Granted	80

MEDICAL DIVISION.

	September.		September.
Visits:		Medical inspectors' activities:	
By medical inspectors	521	Schick tests	26
By veterinarian	189	Schick readings	26
By investigators	302	Toxin-antitoxin injections	21
By nurses	4,620	Vaccination certificates	268
Cases brought to Boston for treatment	36	Vaccinations	1,893
Nurses' Schick activities	47	Physical examinations for camps	63

CHILD HYGIENE DIVISION.

NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF SEPTEMBER, 1925.

	September.
New baby and pre-school home visits	1,525
Old baby and pre-school home visits	10,002
Total	11,527
Wrong address	458
Not seen	1,656
<hr/>	
FEEDING:	
Breast	2,802
Formula	1,719
Formula and breast	741
Diet	4,151

	September.
Ophthalmia visits	258
Infant death investigation visits	130
Maternal death investigation visits	5
Special visits	40
Total number of all visits	<u>11,960</u>

BABY CONFERENCES.

Number of conferences	94
Attendance	4,333
New babies	696

PRE-SCHOOL CONFERENCES.

Number of conferences	35
Attendance	431
New cases	176

HEALTH UNIT (17 Blossom Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	17
Number of persons given health and other information	200
City visitors	21
Out of city visitors	4
Routine medical inspection of adults (evening service)	10

DENTAL SERVICE:

Number of operations	105
Number of dismissals	25
Number of children treated	101

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by Medical Inspector:

Visits made by medical inspector in the district	19
Vaccinations performed by medical inspector	387
Number of vaccination certificates issued	522
Number of children examined for camps and day nurseries	6

Nurses' Visits:

Communicable disease visits by nurses in district	45
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	7
Attendance at baby conferences	350
New babies at conferences	56
Number of pre-school conferences	7
Attendance at pre-school conferences	95
New cases at conferences	19
Home visits to babies and pre-school children	1,691
Infant death investigation visits	4
Ophthalmia home visits	36
Special visits	13
Maternal death investigation visit	1

BOSTON SANATORIUM:

Calls made by nurses in the district	678
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STATE DEPARTMENT, MENTAL DISEASES:

Habit Forming Clinic:

Number of clinics	4
Attendance	9
Home visits	16

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	628
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BOSTON DISPENSARY:

Calls by district physician	22
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HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	1
Number of persons given health and other information	40
City visitors	105
Out of city visitors	13

DENTAL SERVICE:

Number of operations	92
Number of dismissals	13
Number of children treated	72

EYE SERVICE:

New cases	33
Number of refractions	11
Number of revisits	16
Glasses prescribed	6

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district	32
Vaccinations performed by medical inspector	265
Number of vaccination certificates issued	138
Number of children examined for camps and day nurseries	4

Nurses' visits:

Communicable disease visits by nurses in district	126
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	9
Attendance at baby conferences	268
New babies at conferences	39
Number of pre-school conferences	9
Attendance at pre-school conferences	98
New cases at pre-school conferences	33
Home visits to babies and pre-school children	1,182
Infant death investigation visits	15
Ophthalmia home visits	28
Special visits	12

BOSTON SANATORIUM:

Calls made by nurses in the district	258
Tuberculosis contact, children's clinics	84

STATE DEPARTMENT, MENTAL DISEASES:

Habit Forming Clinics:

Number of clinics	4
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BOSTON DISPENSARY:

Calls by district physician 11

BOSTON LYING-IN HOSPITAL:

Prenatal Clinic:

Number of clinics 4

Attendance 64

YARD AND PLAYGROUND ATTENDANCE TO SEPTEMBER 12, 1925 . . . 1,592

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, SEPTEMBER, 1925.

SYPHILIS.

Current cases under investigation September 1, 1925 20

New cases assigned during the month 16

Total 36

DISPOSITION OF CASES.

Located:

Placed under treatment 1

Under treatment 10

Not Located:

Search abandoned 7

Under investigation September 30, 1925 18

Total 36

GONORRHEA.

Current cases under investigation September 1, 1925 76

New cases assigned during the month 51

Total 127

DISPOSITION OF CASES.

Located:

Placed under treatment 17

Further treatment unnecessary 1

Not Located:

Search abandoned 50

Under investigation September 30, 1925 59

Total 127

SUMMARY.

Current cases under investigation September 1, 1925 96

New cases assigned during the month 67

Total 163

DISPOSITION OF CASES.

Located:

Under treatment 1

Placed under treatment 27

Further treatment unnecessary 1

Not Located:

Search abandoned 57

Under investigation September 30, 1925 77

Total 163

Form letters mailed to above patients	58
Form letters unclaimed returned from post office	29
Form letters accepted by patients	29
Venereal disease complaints:	
New cases	15
Under investigation September 1, 1925	14
Disposition of complaints:	
Placed under treatment	9
Moved out of Boston	9
Under investigation September 30, 1925	11
Visits by investigators	256

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

New reports	3,948
Stores inspected	4,209
Sanitary defects remedied	92
Complaints at office	60
Referred to Sanitary Division	12
Milk applicants	71
Notices to abate nuisances	69

Peddlers:

Applications for licenses approved	82
Vehicles inspected and approved	576
Continued	3
Court cases	8
Convictions	5
Fines	\$45

Laboratory Examinations:

Bacteriological	2
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CONDEMNATIONS.

Beef	307 pounds	Apples	2 bushels
Corned beef	36 pounds	Canteloupes	113
Frankfurts	6 pounds	Casabas	3
Fowl	55½ pounds	Grapes	19 baskets
Ham	10 pounds	Grapes	28 pounds
Lamb	149 pounds	Melons	18
Livers	6	Peaches	2 baskets
Plucks	3	Peaches	3 dozen
Pork	162 pounds	Pears	½ bushel
Poultry	302 pounds	Pineapples	17
Sausages	12 pounds	Pineapples	2 crates
Spareribs	10 pounds	Raisins	125 pounds
Sweetbreads	12	Beans	3 bushels
Tongues	1	Beans	1 basket
Tripe	1 keg	Corn	4 boxes
Veal	452 pounds	Corn	12 bushels
Salmon	3 cans		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.	Ices	1
Tonic		1

LIVE STOCK INSPECTION (Brighton Abattoir).

	September.		September.
Cattle inspected	178	Parts condemned (lbs.)	265
Calves inspected	1,168	Animals condemned	6
Swine inspected	3,390		

DAIRY DIVISION.

	September.		September.
Total inspection	1,500	Total cattle inspected	9,412
Dairies inspected	804	Inspections of milk plants and	
Scoring above 50 *	527	licensed dealers	278
Scoring below	279	High bacterial counts investi-	
With milk rooms	598	gated	20
Without milk rooms	282	Country creamery inspections,	17
Inactive	19	Sediment tests	362

* Passable mark.

BUREAU OF MILK INSPECTION.

	September.		September.
Chemical inspection of:		Milk	573
Milk	1,155	Butter	3
Bacteriological examination of:		Vinegar	56
Pears	1	Court cases	25
Whiskey	3	Fines	\$440
Ice cream	123		

SANITARY INSPECTION.

	September.		September.
Original inspections	2,171	Vacate notices	1
New reports	2,191	Complaints investigated	702
Reinspections	6,723	Court cases authorized	6
Legal notices served	195	Fines	\$64.20

BACTERIOLOGICAL LABORATORY.

	September.
Diphtheria	402
Tuberculosis	230
Typhoid	104
Gonorrhea	817
Gonorrheal ophthalmia	72
Syphilis	1,338
* Other examinations	50
Bacteriological examinations of milk	573
Bacteriological examinations of ice cream	123

* Genito-urinary T. B., 3; malaria, 18; dark field, 4; feces for typhoid, 6; urine for typhoid, 5; paratyphoids, 8; spinal fluid for organisms, 2; blood cultures for typhoid, 2; smear for organisms, 2

VITAL STATISTICS, SEPTEMBER, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING SEPTEMBER,
1925, WITH COMPARATIVE FIGURES FOR SEPTEMBER, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	744	749	—5	11.40	11.57	— .17
Nonresidents deducted.....	585	569	+16	8.96	8.79	+ .17
By AGE:						
Under one year.....	140	113	+27	2.15	1.75	+ .40
One year to four years, inclusive.....	39	39	—	.60	.60	—
Sixty years and over.....	273	260	+13	4.18	4.02	+ .16
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	44	55	—11	.67	.85	— .18
Arteriosclerosis.....	22	31	—9	.34	.48	— .14
Heart disease.....	99	96	+3	1.52	1.48	+ .04
Nephritis, chronic.....	30	30	—	.46	.46	—
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,578	1,772	—194	24.18	27.37	—3.19
b. Registered stillbirths.....	58	64	—6	.89	.99	— .10
Stillbirths per 1,000 births and stillbirths.....				35.45	34.86	+ .59
c. Deaths of mothers from causes incident to childbirth.....	6	10	—4	.09	.15	— .06
Deaths of mothers per 1,000 births and stillbirths.....				3.67	5.45	—1.78
Deaths of children in first year of life...	140	113	+27	2.15	1.75	+ .40
Deaths in first year per 1,000 live births,				88.72	63.77	+24.95
VIOLENCE:						
Accidents.....	44	55	—11	.67	.85	— .18
Homicides.....	2	5	—3	.03	.08	— .05
Suicides.....	6	15	—9	.09	.23	— .14
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	9	13	—4	.14	.20	— .06
Broncho-pneumonia.....	30	21	+9	.46	.32	+ .14
Cancer.....	99	87	+12	1.52	1.34	+ .18
Cirrhosis of the liver.....	4	5	—1	.06	.08	— .02
Diabetes mellitus.....	8	16	—8	.12	.25	— .13
Diarrheal diseases, children under two years of age.....	27	27	—	.41	.42	+ .01

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, SEPTEMBER, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 10	25	-15	.15	.39	-.24
	Deaths. 3	2	+1	.05	.03	+.02
Cerebrospinal meningitis.....	Cases.. 2	3	-1	.03	.05	-.02
	Deaths. 1	3	-2	.01	.05	-.04
Diphtheria.....	Cases.. 54	100	-46	.82	1.54	-.72
	Deaths. 7	6	+1	.11	.09	-.02
Influenza.....	Cases.. 2	3	-1	.03	.05	-.02
	Deaths. 1	—	+1	.01	—	+.01
Measles.....	Cases.. 34	33	+1	.52	.51	+.01
	Deaths. —	—	—	—	—	—
Pneumonia (lobar).....	Cases.. 42	38	+4	.64	.59	+.05
	Deaths. 18	18	—	.28	.28	—
Scarlet fever.....	Cases.. 53	88	-35	.81	1.36	-.55
	Deaths. 1	—	+1	.01	—	+.01
Tuberculosis (pulmonary).....	Cases.. 158	150	+8	2.42	2.32	+.10
	Deaths. 51	51	—	.78	.78	—
Tuberculosis (other forms).....	Cases.. 25	39	-14	.38	.60	-.22
	Deaths. 4	11	-7	.06	.17	-.11
Typhoid fever.....	Cases.. 24	8	+16	.37	.12	+.25
	Deaths. 3	2	+1	.05	.03	+.02
Whooping cough.....	Cases.. 176	25	+151	2.70	.39	+2.31
	Deaths. 5	2	+3	.08	.03	+.05

The foregoing table include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

PLAY SAFE !

BE VACCINATED !

It Will Prevent You From Catching Smallpox.

Smallpox is a dangerous disease.

If you are vaccinated, you will avoid it.

**Go to your own doctor, or ask your employer to
arrange for you to be vaccinated.**

Committee on Public Health and Sanitation,
Health Department, Boston Chamber of Commerce.
Boston.

MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 14.

BOSTON, NOVEMBER, 1925.

NO. 11

DIPHTHERIA DECREASE.

For the ten months of the year ended November 1, Boston is to be congratulated on the small number of cases and deaths from diphtheria in this city.

While it may be found that the same conditions prevail in other cities, it is none the less noteworthy that for the period mentioned the morbidity and mortality rate from diphtheria in the city has been lower than for any similar period since diphtheria has been a reportable disease. In spite of Boston's increase in population there has been no year since 1861, when statistics are first available, that the actual number of deaths from diphtheria has been as low as during the present year, and with few exceptions, there has been no year since 1871, when cases of diphtheria first began to be reported, that the number of reported cases of diphtheria has been so low. Up to November 1, 1,073 cases of diphtheria have been reported in Boston with 78 deaths. In the past with a much smaller population, deaths from diphtheria in Boston have been as high as 878 in a single year. The death rate from diphtheria has been decreasing for many years but when it be considered that the average annual number of deaths for the past six years has been 150, and there have

been times in the past when over 5,000 cases of diphtheria have been reported in a single year, the record for the present year is certainly remarkable. It is evident that the situation with respect to the prevalence of diphtheria in the city this autumn, and up to the present, November 15, is most exceptional and there is no reason to believe that the totals for the whole year will be found to be materially changed when the figures for November and December are included.

In view of the fact that marked annual fluctuations in cases and deaths from diphtheria have occurred in the past and that the tendency of the death rate from diphtheria to decrease was apparent even before the discovery of antitoxin, we should not jump at conclusions that our diphtheria problem has been fully solved by present methods of dealing with the disease. Before accepting any such conclusions we must, in the light of past experience, wait until we can see what the death rate from diphtheria in Boston will be for the next two or three years, at least.

The distribution of the deaths from diphtheria with respect to age for the first ten months of this year is shown below:

Under 1 year	9
1 year	18
2 years	13
3 years	5
4 years	9
5 years	10
6 years	4
7 years	3
8 years	2
9 years	2
10-14 years	1
15-19 years	1
Over 20 years	3

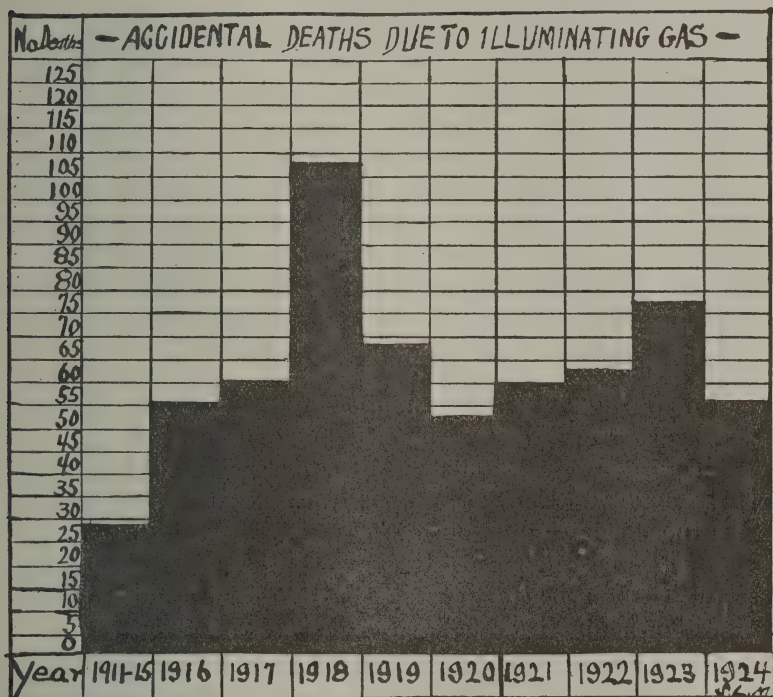
The number of reported cases and deaths from diphtheria since 1918 is as follows:

YEAR.	Cases.	Deaths.
1918.....	2,832	217
1919.....	2,670	153
1920.....	2,010	140
1921.....	2,992	148
1922.....	2,992	143
1923.....	3,257	173
1924.....	2,521	168
1925*.....	1,073	78

* January 1 to November 1, ten months.

DEATHS FROM ILLUMINATING GAS.

With the advent of colder weather the use of gas increases. This applies to its use for cooking and heating, as well as for lighting. As a consequence the number of deaths from illuminating gas increases. Economic or special conditions also contribute their part to the additional use of gas in the home. During periods of depression, coal strikes, shortage of coal and increase in the cost of coal, gas will be used more as a substitute for coal. Various kinds of gas-burning appliances that have not been approved — cheap, faulty and defective fixtures are the cause in most instances of deaths



BOSTON — 1911-25.

from illuminating gas. It isn't the use of gas but carelessness in its use and niggardliness on the part of lodging house keepers which makes it dangerous.

Last year in Boston we had an appreciable decrease in the number of deaths from gas poisoning, the total number being fifty-six. With greater care on the part of tenants and owners this number may be easily diminished. The Health Department has long conducted an aggressive campaign against unapproved fixtures. A close inspection is maintained over gas fixtures and appliances that are in use in lodging houses. The Health Department insists

on the purchase only of approved appliances and having the work of installation and inspection done by a competent gas fitter. It is strongly advised to have all fixtures and appliances inspected annually. In our investigations we find that deaths from illuminating gas due to leaking gas from fixtures in bed rooms with two-light pendant cocks, the keys of which are so close together that if not kept in proper condition at all times the person is very liable to turn on one when turning off the other; independent cocks installed in back of brackets, the "Yale" fitting or double independent cock installed on one light pendants, making three keys within a distance of $2\frac{1}{2}$ or 3 inches; defective rubber tubing or cheap grades of tubing the rubber ends of which are simply glued on and as through continuous use they deteriorate, and slip off with the least pressure; corroded inside services which are run through coal holes or beneath stairs where exposed to dampness; leaking lead connections where iron pipe is used for soldering nipples; top couplings improperly connected to stem; brass tubing arms not properly cemented, or split tubing; loose keys; keys without stop pins; keys where stop pin bearings have become so worn that the key turns completely around; and gas radiators not equipped with draft slides which automatically shut off the draft up through the tube.

Become Loose.

Keys are ground joints and if not properly cleaned and greased at least once a year they become loose and allow a leakage. When loose there is always the danger of accidentally turning them on after having shut them off, especially by people whose hands are weak or unsteady through age or sickness. Keys of gas fixtures improperly greased will in short time wear in the bearing so badly that grease will be of no benefit in preventing the escape of gas. Of course, keys without stop pins should never be allowed to remain.

Where prepayment meters are used there is always an element of danger. A person in another part of the house might be using the gas and fall asleep. In the meantime the supply of gas is exhausted, the light in the room goes out and another member of the family in another part of the house puts a quarter in the meter. Immediately the gas flows through the pipes and escapes through any open fixtures.

The poisonous constituent of ordinary gas is carbon monoxide. There is no feeling of suffocation at first so that anyone inhaling the gas rarely tries to seek the open in time to save himself.

Notify Department.

The common defects in gas fixtures can be easily detected and remedied if consumers will take the trouble to examine the fixtures

and house piping often, at least once a year. This cannot be considered too much trouble possibly to save a life. Gas and fixtures are especially important matters at this time of year. Now is the time to act.

Notify the Health Department when you find any defective or leaky fixtures. Avoid gas appliances and equipment that are sold by itinerant peddlers on the instalment plan. These fixtures in most instances are cheap, unsatisfactory, and dangerous, and you should at least consult the Sanitary Division of the Health Department before purchasing such offerings.

PREVENT THE SPREAD OF TUBERCULOSIS.

If we are to continue to wage an effective campaign against tuberculosis, if we are to prevent its spread, and consequently prolong and save lives, we must know and you must know the physical condition of yourself and other members of your family,. Have we or have they tuberculosis? What are we doing to find out?

If you have any of the symptoms of tuberculosis, even only a persistent cough, if you feel disinclined to eat, if you are losing weight, or have night sweats, why not consult a physician before it is too late. You may save your own life by so doing, and if you notice any of the members of your family with such symptoms you should advise them because it not only protects the sick person but may prevent the spread of the disease to another member of the family. If you are obliged to call in a physician for any reason or visit him ask him to give you a thorough examination with reference to any signs of tuberculosis. If you wait, it may be too late to successfully treat and combat the disease. Delay in giving attention to early signs of tuberculosis means not only your own suffering and loss but probably in the meantime you have transmitted the disease to others. Often there are instances where we have heard it said "Oh, well, it runs in the family," meaning, tuberculosis. It does "run in the family" because of ignorance, carelessness, and selfishness. It "runs in the family" because one member transmits it to another through close living conditions and association, and because of failure to consult a physician. Young girls and boys and also those approaching maturity should be given a thorough physical examination. It is not expensive in time or money, and may prevent a great loss later on. In the City of Boston today there are probably 9,000 cases of recognizable tuberculosis. Last year 670 persons died from this disease in this city. Too many of these deaths come to our attention only after death when the death certificate is filed. Too many are reported only about one month before death. In

fact 36 per cent of the persons that died last year were reported to this department only a month before they died, and of these half, or 19 per cent, came to the attention of this department only when the death certificate was filed.

To some extent this negligence may be attributed to the patient who fails to consult a physician. We also know that the physician does not always report his cases when he first sees and diagnoses them even though by neglecting to do so he fails to comply with the statute law. Failure to report cases as soon as recognizable is legally and morally reprehensible. It is, moreover, unfair to the patient, the family and the community. If the physician be in doubt about the diagnosis frequently repeated examinations will serve to clear up the doubt. If a person be financially unable to consult a physician he may go to the out-patient clinic of the Boston Sanatoria where a complete physical examination will be given, and treatment recommended. Nothing is gained by concealing facts and a patient should not expect a physician to do so or try to deceive himself.

“Hygiene tends to make growth more perfect, decline less rapid, death more distant, and life stronger and happier.”

— *Italian Institute of Hygiene.*

DON'T STAY INDOORS.

It is true that the weather is colder, the days are shorter, and sometimes the walking is not the best because of snow and slush. But we do need fresh air just as much as we did in the days of better weather — in the spring, the summer, and the fall — and we need even more the beneficial rays of the winter sun than we did the summer sun.

We are inclined to remain indoors because of the cold. We want to get home from business as soon as possible, and then if we have a desire to go out for the evening it is to the club, lodge, the movies or the theater. And it seems, too, that wherever we go we want to use the street car, or the taxi, or the automobile, in fact, consciously or unconsciously we avoid exposure to the open air, even if we do not manage to avoid going out at all. We should endeavor by every means possible to get just as much fresh air in colder weather as during the summer. If we did so we would not be so often the victims of colds and other respiratory diseases. By avoiding the fresh air and the sun, because the weather is cold, we also lose gradually the benefit of the exercise that we have had during the warmer seasons of the year. Open-air exercise in winter is the best health-giving tonic there is. Medicine cannot take its place. It is nature's

cure and remedy, and the best physician we have. No matter how cold it may be out of doors a brisk walk will stimulate you, give you exercise, allow fresh air to enter your lungs, and you can start the day's work in better shape and condition than the other fellow. In returning from work or business a similar walk will make you feel much improved, give you a better appetite, and induce a restful night's sleep. A good walk morning and night is no hardship, and it is easy to make it a matter of habit. If the practice be started you will want to continue all winter.

WHOOPIING COUGH.

For the ten months ended November 1 there have been reported to the Health Department 1,597 cases of whooping cough and 58 deaths.

General Information.

Whooping cough is caused by a small organism or germ discovered a few years ago and called from its discoverers the Bordet-Gengou bacillus. The organism is found in the windpipe and bronchial tubes of a person who has the disease in the earlier stages and is sprayed out into the air by the coughing and sneezing of such a person. It is also contained in the material which such a person may cough up and spit out. When another person breathes air into which the germs may have been sprayed or in any other way gets the germs into his windpipe he is likely to become infected and develop the disease. The whooping cough germ causes such an inflammation of the bronchial tubes that they are sure to be infected with some other germs also. The seriousness of an attack of whooping cough depends largely on the character of these secondary infections, and, of course, on the general strength of the patient. In fact, while the whooping cough germs are present in abundance at the very beginning of the disease, they tend to disappear as infection with other germs takes place, so while a person may cough or whoop for weeks or months on account of an inflamed condition of the bronchial tubes from secondary infection, the whooping cough germ itself is seldom if ever to be found in the material which a person coughs up longer than three weeks from the beginning of the disease. The whooping is caused by a spasm of the windpipe due merely to its inflamed irritable condition and a child may continue to whoop long after it is capable of giving whooping cough to others.

Danger of Whooping Cough.

Whooping cough kills more people in Boston than scarlet fever. Most of the deaths occur in children under two years of age and

under one year it is very fatal. While serious complications and even deaths do occur at any age its greatest danger is to children under five years of age or in other words to children under school age. The prevention of death is therefore a problem of protecting the younger children in the family.

How Whooping Cough May Be Avoided.

Measures must be taken to protect other persons, particularly young children, from a person with whooping cough before he begins to whoop as well as afterwards. By the time a person begins to whoop he has had whooping cough in its most contagious stage for perhaps a week. During this time he has had a dry spasmodic cough without a cold or other apparent cause for a cough.

Keep a Child with a Beginning Cough Away from Other Children.

Even if he does not have beginning whooping cough he is likely to be in the early stages of some other communicable disease. Be especially careful to keep babies and the younger children away from other children or persons who are coughing.

Care of a Case of Whooping Cough.

Dust or dry stuffy air tends to aggravate a case of whooping cough. Give a child with whooping cough a room by himself and plenty of fresh air. Give the child every opportunity to rest and sleep, night and day. Every case of whooping cough calls for attention by a physician. Under the supervision of the physician and the Health Department, keep the child in the open air as much as possible after the earliest stages of the disease have passed.

HOW SCARLET FEVER IS SPREAD.

Twenty-four hundred and twenty-four cases of scarlet fever have thus far been reported this year and forty-three deaths. This disease is a communicable one and is spread by material from the mouth, nose, throat, ears and open wounds of persons having scarlet fever. All such material is dangerous even in the smallest quantity, even particles too small to be seen with the naked eye. Sometimes such dangerous material passes directly from the patient to the person who catches the disease, as by handling or kissing the patient, or by droplets coughed or sneezed into the air by the patient. At other times such material passes indirectly from the patient to the

person who catches the disease, as by means of cups, spoons and other eating and drinking utensils; by handkerchiefs, clothing, toys and other things that have been used by the patient; or by the hands of nurses and others in attendance on the patient.

Scarlet fever has not infrequently been spread through milk, contaminated at times by patients having the disease (sometimes having it so mildly that they never knew they had it) and sometimes by persons who have merely come into contact with scarlet fever patients. Other foodstuffs may carry scarlet fever, but milk is by far the most dangerous.

Danger begins with the very first symptoms of scarlet fever, with the sore throat, and possibly earlier, and certainly before the eruption appears.

Cases of scarlet fever vary greatly in severity. This seems to depend in part upon the virulence and massiveness of infection and in part on the susceptibility of the patient to the disease. Mild cases may therefore give rise to severe ones. In some ways mild cases are more dangerous to the public than severe ones, since mild cases are often not recognized at all, or not recognized until after secondary cases which they cause come to light.

A patient who has suffered from scarlet fever is commonly believed to be free from danger, (1) when there is no longer evidence of inflammation or of catarrh of the nose or the throat, (2) when there is no discharge from the ears, (3) when all wounds and other open lesions have healed, and (4) when desquamation has practically ceased.

Ordinarily a patient is not free from danger until about six weeks after the beginning of the disease.

No one can say with certainty, however, just when a scarlet fever patient ceases to be dangerous, and too often, even though a patient has been most carefully examined by a thoroughly competent physician, his release from isolation results in another case of the disease in the household or among his associates. It is urgently recommended, therefore, that no scarlet fever patient who has been released from isolation be allowed to mingle with other members of the household on terms of usual household intimacy until two or three weeks have elapsed after his release and that during that period the patient be provided with his own cup, spoon and other eating utensils, and sleep in a bed, and if practicable, a room, by himself. Special care should be taken, too, to see that a recently recovered scarlet fever patient does not take cold, since there is reason to believe that the inflammation of the nose and throat resulting from a cold may call into activity the remnants of an infection that would otherwise have remained so slight as to do no harm.

IMMUNE PRE-SCHOOL AGE CHILDREN.

Boston Health Department statistics for the years 1923 and 1924 show that over 60 per cent of the total number of cases of diphtheria, during these two years were among children of six years of age and under. Out of a total number of 173 deaths in 1923, 140 were children under six years of age. In 1924, out of 168 deaths from diphtheria, 121 were under six years of age.

These figures point out conclusively that there is the greatest prevalency, susceptibility and the highest death rate from this disease among children of this age group.

With our knowledge of the efficacy of the Schick test and the virtue of toxin-antitoxin administration, the Health Department is desirous of interesting every physician and layman in a campaign for the reduction of the above figures, and particularly stresses the importance of getting the young children immunized.

Every mother or responsible guardian of a child's welfare is urged to bring the youngster to the family physician, who is perfectly competent to carry on this preventive treatment. At the various infant and child hygiene stations of the Boston Health Department, the toxin-antitoxin treatment will be administered to each person brought there for that purpose.

Approximately eighteen hundred toxin-antitoxin treatments have been given to pre-school age children since April 15, 1925, but this is only a very small percentage of the total number of children who belong to this age group. Therefore, every one is urged to co-operate in the reduction of diphtheria by recommending this treatment as an efficacious measure in the protection of children of pre-school age.

No man was ever meanly born.
About his cradle is the wonderful miracle of life.
He may descend into the depths,
He may live in infamy and perish miserably,
But he is born great.
Men build monuments above the graves of their
heroes to mark the end of a great life,
But women seek out the birthplace and
build their shrine,
Not where a great life has its ending but where it
had its beginning.

— Calvin Coolidge.

A SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during October. In Massachusetts the statute law required a minimum of 12 per cent solids and 37 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.36	3.76	15
Allen, Fred H.....	12.49	3.85	55
Antetomasso, Peter.....	13.11	4.40	10
Barron, Clarence W.....	13.09	4.32	10
Bergmann, John H.....	13.06	4.21	26
Bolio, William J.....	13.16	4.41	16
Brandley, T. J., & P. J.....	12.66	3.65	16
Casey, James D.....	13.56	4.40	16
Cashin, James F.....	12.63	3.96	20
Cedar Hill Farm, Inc.....	13.65	4.70	12
Chapin, George L.....	12.45	3.72	17
Childs Brothers.....	12.21	3.70	19
Clapp, Frank L.....	12.96	4.40	16
Clark, Levi.....	12.14	3.71	45
Converse, Marquis M.....	13.08	4.17	7
Corkery, John H.....	12.16	3.58	24
Crowell, Raymond.....	12.54	3.86	21
Cummings, F. S. Company.....	12.47	3.87	11
Cunningham, Paul.....	12.04	3.63	44
Cusick, William H.....	12.60	3.90	40
Deerfoot Farm Milk Company.....	12.71	4.02	11
Denehy, Timothy.....	12.49	4.03	80
Driscoll, William B. Company.....	12.57	3.86	14
Duggan Brothers.....	12.70	3.90	24
Edgerly, Frank S.....	12.50	3.85	16
Elm Spring Farm Milk Company.....	12.55	3.96	11
English, J., & Son.....	12.80	4.00	19
Ferguson, Malcolm D.....	13.08	4.08	215
Floyd Milk Company.....	12.75	4.40	16
Furbush, Almon J.....	12.42	3.75	21
Garfield, Mason.....	14.42	5.15	273
Garvin, Charles E.....	14.36	5.58	164

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Giroux, J. E., & H. J.....	12.59	3.90	20
Griffin, Joseph L.....	12.68	3.83	16
Gushee, Chester W.....	12.75	3.85	68
Hagar, J. M., & Son, Inc.....	12.38	3.65	16
Hancock, T. G., Company.....	12.52	3.96	20
Herlihy Brothers.....	12.62	3.95	42
Hickey, Martin J.....	12.46	3.81	16
Holden, John E.....	12.69	4.08	14
Holland & Cosgrove.....	12.48	3.83	22
Hood, H. P., & Sons, Inc.....	12.61	4.01	13
Howe, F. Esther.....	14.00	4.60	10
Hutchinson, Frank T.....	12.63	3.70	16
Jones, William T., Company.....	12.68	4.08	21
Kendall Brothers Company.....	12.68	3.95	26
Kennedy, Robert, Jr.....	12.90	4.11	219
Kingston, Samuel.....	13.69	4.67	7
Klawe & Freeman.....	12.83	4.10	65
Knapp, George J.....	12.81	3.83	112
Kozlofsky, Fedora.....	12.55	3.62	38
Lang Brothers.....	12.38	3.85	14
Larsson, Charles.....	12.66	3.85	10
Lincoln Farms, Inc.....	12.42	4.02	10
Lydonville Creamery Association.....	13.04	4.26	36
Manning, Peter.....	12.72	4.00	333
Maple Farm Milk Company.....	12.47	3.70	208
McAdams, John F.....	12.48	3.83	41
McKernan, John.....	12.91	4.24	15
Munchbach, George.....	12.30	3.65	25
Millwood Farms, Inc.....	12.98	4.45	14
Newton & Pope.....	12.52	3.86	20
Noble, William F., & Sons.....	12.82	4.13	10
Podren, Phillip.....	12.69	3.95	80
Robinson, Albert J.....	12.75	4.08	18
Robinson, James A.....	13.22	4.50	23
Runkle & Dean.....	13.61	4.60	22
Schuster, Adam.....	12.93	4.13	15
Seven Oaks Dairy Company.....	12.42	3.82	14
Shick, Jacob.....	12.46	3.88	16
Somerset Farms Milk Company.....	12.73	4.07	10

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Sterling Farms Milk Company.....	12.31	3.69	16
Stone, Howard L.....	12.20	3.62	16
Stuart, Wallis E.....	12.55	3.95	9
Sullivan, J. D.....	12.36	3.73	37
Sullivan, J. L.....	13.23	4.46	20
Sweet, Warren J.....	12.45	3.85	20
Turner Centre System, Inc.....	12.50	3.93	14
United Farmers' Co-operative Creamery Company.....	12.92	4.06	10
Vartanian, Gazar.....	12.42	3.80	20
Vartanian, Setrag.....	12.80	4.15	8
Walker-Gordon Laboratory Company.....	13.17	4.51	6
Ware, George H.....	12.54	3.80	18
Weiler, E., & Sons.....	12.44	3.70	16
Werner, F., Company.....	12.60	4.11	38
Westwood Farm Milk Company.....	12.26	3.61	18
White Brothers.....	12.70	4.22	7
Whittemore, Warner D.....	12.78	4.00	14
Whiting Milk Companies.....	12.57	4.00	89
Wiswall, Granville A.....	12.38	3.85	16
Wittenberg & Recks.....	12.64	3.88	26
Woodland, Charles L.....	12.62	3.96	36

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.85	4.03	32
The Cloverdale Company.....	Turner Centre System, Inc.	12.63	3.91	30
John T. Connor.....	Bellows Falls Co-operative Creamery Company.	12.92	4.18	22
Economy Grocery Stores Com- pany.	Whiting Milk Companies...	12.55	4.00	22
The Ginter Company.....	United Farmers' Co-opera- tive Creamery Company.	12.89	4.26	13
Morgan Brothers Company.....	Morgan Brothers Company.	12.49	3.82	21
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.36	3.70	22
M. Winer & Co.....	Hyman Winer.....	12.47	3.70	24

TEN RULES FOR HEALTHFUL LIVING.

Do you want to be healthy?

By following these rules most everyone can become and remain healthy:

1. Food—Milk, a quart a day for children; cereals; vegetables every day, including leafy ones such as lettuce, spinach, beet tops, to get the necessary vitamins; fruits every day; eggs; meat in moderation; sweets in moderation; 8 glasses of water a day.
2. Posture—Stand and sit straight; stand tall, keep head up, chin in, chest out, abdomen in, back straight, shoulders back; walk largely on balls of feet, with feet straight—not turned out.
3. Exercise—Enough every day to sweat freely. Walk 3 miles a day if you can't do anything better. Play in the open air.
4. Rest—When tired. Never eat a hearty meal when tired. Sleep at least 8 hours with bedroom windows open.
5. Mouth—Brush the teeth after meals and at bedtime. Keep the mouth clean. Salt and water is a good mouthwash.
6. Bowels—At least one good movement a day, preferably after breakfast. Many a headachy, ailing individual owes his trouble to constipation. Coarse cereals, vegetables, fruits like apples, prunes, etc., and plenty of water will usually ward off constipation. Don't use drugs.
7. Baths—A cold bath every day if it makes you feel good, otherwise a tepid bath; a warm cleansing bath once a week.
8. Clothing—Suitable to the season: it should not be too heavy.
9. Communicable Disease—Practise good health habits; avoid the careless spitter and sneezer, the common drinking cup or towel; eat and drink only clean foods. Keep your fingers away from your mouth.
10. Mental Hygiene—In many ways most important of all. Refuse to worry and hurry. Be calm. Control your emotions.

Be Cheerful. Be Friendly. Be Independent.

Follow Emerson's advice and work with your own hands, stand on your own feet, and think your own thoughts. Thus you will acquire poise, the truest sign of a real man or woman.

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING OCTOBER, 1925.

CLASSIFICATION.	Number.	Percentage.
	October.	October.
After death.....	3	10.00
Seven days or less.....	3	10.00
Eight to fourteen days, inclusive.....	—	—
Fifteen to twenty-one days, inclusive.....	—	—
Twenty-two to thirty-one days, inclusive.....	1	3.33
WITHIN FIRST MONTH. (Total).....	7	23.33
Within second month.....	2	6.67
Within third month.....	4	13.33
Within fourth month.....	—	—
Within fifth month.....	2	6.67
Within sixth month.....	—	—
Within seventh month.....	—	—
Within eighth month.....	—	—
Within ninth month.....	5	16.67
Within tenth month.....	—	—
Within eleventh month.....	—	—
Within twelfth month.....	1	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	20	66.67
Within second year.....	3	10.00
Within third year.....	1	3.33
More than three years.....	6	20.00
Grand total.....	30	100.00

SUMMARY OF THE WORK, OCTOBER, 1925. BUREAU OF ADMINISTRATION.

	October.		October.
Prosecutions ordered	17	Leave of absence	1
Legal notices	252	Proposals for repairs	4
Vacate notices	3	Proposal for weighing machines	1
Personnel:		Budget appropriation transferred	1
Resignation	1	Visitors to department	150
Employee transferred	1		
Permanent appointments	10		

LICENSES, PERMITS, ETC., ISSUED.

	October.		October.
Burial permits	1,012	Hen licenses granted	36
Milk licenses	192	Stable hearing	1
Pedlers' licenses granted	35	Stable permit extended	1

	October.		October.
Stable rights disapproved	1	Denatured alcohol licenses	34
Dump approved	1	Non-alcoholic beverage license	1
Offensive trades	3	Manicure-massage:	
Undertaker, licensed	1	Granted	51

MEDICAL DIVISION.

	October.		October
Visits:		Medical inspectors' activities:	
By medical inspectors	862	Schick tests	14
By veterinarian	165	Toxin-antitoxin injections	6,165
By investigators	362	Vaccinations	1,001
By nurses	1,669	Physical examinations for	
Cases brought to Boston for		camps	7
treatment	73	Deaths investigated	26
Nurses, Schick activities	6,245		

CHILD HYGIENE DIVISION.

NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF OCTOBER, 1925.

	October.
New baby and pre-school home visits	2,516
Old baby and pre-school home visits	4,536
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Total	7,052
Wrong address	528
Not seen	2,741
FEEDING:	
Breast	4,023
Formula	2,163
Formula and breast	892
Diet	6,708
Ophthalmia visits	95
Infant death investigation visits	156
Maternal death investigation visits	9
Special visits	103
Patients accompanied to hospitals	6
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Total number of all visits	<u>17,424</u>

BABY CONFERENCES.

Number of conferences	89
Attendance	4,012
New babies	675

PRE-SCHOOL CONFERENCES.

Number of conferences	34
Attendance	347
New cases	120

HEALTH UNIT (17 Blossom Street).

October.

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	11
Number of persons given health and other information	300
City visitors	5
Out of city visitors	4
Routine medical inspection of adults (evening service)	11

DENTAL SERVICE:

Number of operations	871
Number of dismissals	202
Number of children treated	404

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by Medical Inspector:

Visits made by medical inspector in the district	48
Vaccinations performed by medical inspector	65
Number of vaccination certificates issued	58
Antitoxin, antityphoid and toxin antitoxin administered	7
Number of children examined for camps and day nurseries	26

Nurses' visits:

Communicable disease visits by nurses in district	105
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	8
Attendance at baby conferences	392
New babies at conferences	49
Number of preschool conferences	8
Attendance at preschool conferences	97
New cases at conferences	19
Home visits to babies and preschool children	2,013
Infant death investigation visits	3
Special visits	3

BOSTON DISPENSARY:

Calls by district physician	39
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STATE DEPARTMENT MENTAL DISEASES:

Number of clinics	5
Attendance at clinics	11
Visits of worker	15

BOSTON SANATORIUM:

Calls made by nurses in the district	1,057
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COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	661
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HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	1
Number of persons given health and other information	150
City visitors	27
Out of city visitors	64

DENTAL SERVICE:

Number of operations	1,425
Number of dismissals	261
Number of children treated	520

EYE SERVICE:

New cases	76
Number of refractions	117
Number of revisits	173

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district	29
Vaccinations performed by medical inspector	22
Number of vaccination certificates issued	55

Nurses' visits:

Communicable disease visits by nurses in district	145
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	9
Attendance at baby conferences	238
New babies at conferences	52
Number of preschool conferences	9
Attendance at preschool conferences	76
New cases at preschool conferences	27
Home visits to babies and preschool children	1,923
Infant death investigation visits	11
Special visits	11

BOSTON SANATORIUM:

Calls made by nurses in the district	249
Tuberculosis contact, children's clinics	50

BOSTON LYING-IN HOSPITAL:

Pre-natal Clinic:

Number of clinics	4
Attendance	55

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	1,810
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BOSTON DISPENSARY:

Calls by district physician	12
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MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,
OCTOBER, 1925.

SYPHILIS.

Current cases under investigation October 1, 1925	36
New cases assigned during the month	16
Total	<u>52</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	4
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Not Located:

Search abandoned	1
Under investigation October 31, 1925	47

Total	<u>52</u>
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GONORRHEA.

October.

Current cases under investigation October 1, 1925	127
New cases assigned during the month	75
	<hr/>
Total	<u>202</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	11
Further treatment unnecessary	1

Not Located:

Search abandoned	6
Under investigation October 31, 1925	184

Total	<u>202</u>
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SUMMARY.

Current cases under investigation October 1, 1925	163
New cases assigned during the month	91
	<hr/>
Total	<u>254</u>

DISPOSITION OF CASES.

Located:

Placed under treatment	15
Further treatment unnecessary	1

Not Located:

Search abandoned	
Fraudulent use of name	
Under investigation October 31, 1925	238

Total	<u>254</u>
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New cases reported by number:

Gonorrhea	188
Syphilis	71

Total	<u>259</u>
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Venereal disease complaints:

New cases	9
Under investigation October 31, 1925	11

Disposition of complaints:

Under treatment	2
Unable to locate	1
Under investigation October 31, 1925	17

Total	<u>40</u>
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FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	October.
New reports	4,537
Stores inspected	5,948
Sanitary defect remedied	98
Complaints at office	38
Referred to Sanitary Division	22
Milk applicants	113
Notices to abate nuisances	42
Peddlers:	
Applications for licenses approved	90
Vehicles inspected and approved	730
Court cases	19
Convictions	11
Fines	\$145
Discharged	1
Not prosed	1
Laboratory Examinations:	
Bacteriological	4
Chemical	3

CONDEMNATIONS.

Meat:		Melons	36
Bear meat	180 pounds	Pears	25,806 pounds
Beef	3 pounds	Pears	4 dozen
Chicken	3 pounds	Pears	1 bushel
Ham	12 pounds	Raisins	150 pounds
Lamb	11½ pounds	Vegetables:	
Lard	20 pounds	Beans	3½ bushels
Liver	153 pounds	Beans	7 baskets
Pork	8 pounds	Beans	10 cans
Sausage	5 pounds	Lima beans	2¼ cans
Sweetbreads	2 pounds	Tomatoes	3 cans
Tripe	1 barrel	Miscellaneous	15 pounds
Veal	30 pounds	Candy	6 pounds
Fish:		Cheese	52 pounds
Miscellaneous	20 pounds	Doughnuts	2 dozen
Salmon	3 cans	Eggs	30 dozen
Salt mackerel	1,140 pounds	Flour	185 pounds
Fruit:		Liquid eggs	10 pounds
Apples	4 bushels	Muffins	2 dozen
Dates	24 pounds	Oatmeal	25 pounds
Figs	28 pounds	Pies	8
Grapes	3 crates	Shredded wheat	6
Grapes	37,160 pounds	Tapioca	40 pounds
Jam	1 pail	Sugar	20 pounds

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		CHEMICAL LABORATORY.	
Chicken	1	Egg	1
Candy	1	Olive oil	1
Pears	1	Vinegar	1
Sausage	1		

LIVE STOCK INSPECTION (Brighton Abattoir).

	October.		October.
Cattle inspected	837	Parts condemned (lbs.)	576
Calves inspected	1,062	Animals condemned	16
Swine inspected	4,454		

DAIRY DIVISION.

	October.		October.
Total inspection	1,593	Inspections of milk plants and	
Dairies inspected	787	licensed dealers	298
Scoring above 50*	415	Bacteriological examinations	30
Scoring below	372	High bacterial counts investi-	
With milk rooms	390	gated	4
Without milk rooms	97	Country creamery inspections	15
Inactive	24	Sediment tests	435
Total cattle inspected	11,368		

* Passable mark.

BUREAU OF MILK INSPECTION.

	October.		October.
Chemical inspection of:		Ice cream	106
Milk	1,309	Milk	501
Bacteriological examination of:		Vinegar	127
Water	2	Bottles	60
Olive oil	1	Cans	90
Eggs	1	Court cases	8
Butter	4	Fines	\$195
Liquors	3		

SANITARY INSPECTION.

	October.		October.
Original inspections	2,190	Vacate notices served	3
New reports	2,123	Complaints investigated	482
Reinspections	6,446	Court cases authorized	10
Legal notices served	199	Fines	0

BACTERIOLOGICAL LABORATORY.

	October.
Diphtheria	540
Tuberculosis	271
Typhoid	57
Gonorrhea	861
Gonorrheal ophthalmia	77
Syphilis	1,382
Other examinations*	46
Bacteriological examinations of milk	501
Bacteriological examinations of ice cream	106

* Smear for Vincent's Angina, 2; malaria, 14; dark field, 4; feces for typhoid, 7; urine for typhoid, 7; tests for virulence, 2; water for organisms, 2; paratyphoids, 8; canned peas for organisms, 1; sausages for toxins, 1; water from swimming pools, 28; oysters, 11. Milk bottles examined, 64; caps for milk bottles, 106.

VITAL STATISTICS, OCTOBER, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING OCTOBER,
1925, WITH COMPARATIVE FIGURES FOR OCTOBER, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	863	883	-15	13.30	13.64	-.34
Nonresidents deducted.....	698	697	+1	10.69	10.77	-.08
By Age:						
Under one year.....	119	111	+8	1.82	1.71	+.11
One year to four years, inclusive.....	40	32	+8	.61	.49	+.12
Sixty years and over.....	331	362	-31	5.07	5.59	-.52
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, So CALLED:						
Apoplexy.....	47	65	-18	.72	1.00	-.28
Arteriosclerosis.....	14	31	-17	.21	.48	-.27
Heart disease.....	185	180	+5	2.83	2.78	+.05
Nephritis, chronic.....	44	46	-2	.67	.71	-.04
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,534	1,656	-122	23.50	25.58	-2.08
b. Registered stillbirths.....	53	48	+5	.81	.74	+.07
Stillbirths per 1,000 births and still- births.....				33.40	28.17	+5.23
c. Deaths of mothers from causes incident to childbirth.....	3	9	-6	.04	.14	-.10
Deaths of mothers per 1,000 births and stillbirths.....				1.89	5.28	-3.39
Deaths of children in first year of life...	119	111	+8	1.82	1.71	+.11
Deaths in first year per 1,000 live births,				77.57	67.03	+10.54
VIOLENCE:						
Accidents.....	47	54	-7	.72	.83	-.11
Homicides.....	2	8	-6	.03	.12	-.09
Suicides.....	7	6	+1	.11	.09	+.02
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	12	25	-13	.18	.39	-.21
Broncho-pneumonia.....	33	39	-6	.50	.60	-.10
Cancer.....	105	93	+12	1.61	1.42	+.19
Cirrhosis of the liver.....	4	4	—	.06	.06	—
Diabetes mellitus.....	16	23	-7	.24	.35	-.11
Diarrheal diseases, children under two years of age.....	29	15	+14	.44	.23	+.21

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, OCTOBER, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 9	15	—6	.14	.23	— .09
	Deaths.. 2	—	+2	.03	—	+ .03
Cerebrospinal meningitis.....	Cases.. 2	5	—3	.03	.08	— .05
	Deaths.. 1	1	—	.015	.015	—
Diphtheria.....	Cases.. 90	192	—102	1.38	2.97	—1.59
	Deaths.. 4	8	—4	.06	.12	— .06
Influenza.....	Cases.. 7	7	—	.11	.11	—
	Deaths.. 3	2	+1	.04	.03	+ .01
Measles.....	Cases.. 156	82	+74	2.39	1.27	+1.12
	Deaths.. 2	2	—	.03	.03	—
Pneumonia (lobar).....	Cases.. 86	106	—20	1.32	1.64	— .32
	Deaths.. 28	34	—6	.43	.53	— .10
Scarlet fever.....	Cases.. 112	217	—105	1.72	3.35	—1.63
	Deaths.. 3	2	+1	.04	.03	+ .01
Tuberculosis (pulmonary).....	Cases.. 135	161	—26	2.07	2.49	— .42
	Deaths.. 39	55	—16	.60	.85	— .25
Tuberculosis (other forms).....	Cases.. 19	22	—3	.29	.34	— .05
	Deaths.. 7	5	+2	.11	.08	+ .03
Typhoid fever.....	Cases.. 17	9	+8	.26	.14	+ .12
	Deaths.. 5	3	+2	.08	.05	+ .03
Whooping cough.....	Cases.. 194	81	+113	2.97	1.25	+1.72
	Deaths.. 9	1	+8	.14	.015	+ .12

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

RULES OF HYGIENE.

1. Ventilate every room you occupy.
2. Wear loose, porous clothing suited to season, weather, and occupation.
3. If you are an indoor worker, be sure to get recreation outdoors.
4. Sleep in fresh air always; in the open if you can.
5. Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so too.
6. Always wash the hands before eating.
7. Do not overeat. This applies especially to meats and eggs.
8. Eat some hard and some bulky foods; some fruits.
9. Eat slowly — chew thoroughly.
10. Drink sufficient water daily.
11. Evacuate thoroughly, regularly.
12. Stand, sit, and walk erect.
13. Do not allow poisons and infections to enter the body.
14. Keep the teeth, gums, and tongue clean.
15. Work, play, rest, and sleep in moderation.
16. Keep serene. Worry is the foe of health. Cultivate the companionship of your fellow men.
17. Avoid self drugging. Beware the plausible humbug of the patent medicine faker.
18. Have your doctor examine you carefully once a year. Also consult your dentist at regular intervals.— (U. S. P. H. S.)

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MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

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BOSTON, DECEMBER, 1925.

No. 12

SURVEY OF THE HEALTH ACTIVITIES IN BOSTON.

A recent issue of the "Graphic Survey" brings to light some interesting features in connection with the relative standing of health services in the cities in this country. In the graphs that are shown, Boston stands out as the leading city in comparison with others that have been illustrated with these graphs, and upon inquiry it was learned that a survey had been made by the American Public Health Association, with the American Child Health Association and the United States Public Health Association co-operating, and this survey covered 100 cities in America, the final and official report to be made sometime after the first of January.

A so-called city rating plan was devised with an appraisal form and experts visited the different cities surveyed and made examinations and investigations of all available sources, associations, departments, organizations, hospitals and societies that were engaged in public health and welfare work. The "Graphic Survey" states that Appraisal Form lists and defines the activities ordinarily exercised by city health departments and tells what set-up and results may be demanded under each. The graphs which head this page and border

the cover chart the tides of health work in their respective cities at the time the surveys were made. Each column records the credit then due under the rating plan for each of several major activities; vital statistics control of communicable diseases and tuberculosis; pre-natal health work; protection of the baby, the pre-school child and the school child; sanitation, laboratory service, and popular health education. At a glance, health officer or citizen can see which, according to this standard, are well done; which, need further emphasis.

Scores for the larger cities surveyed are not yet available, but of smaller cities the scores ranged from thirty-five to 792 points, 1,000 points having been established as perfection. Boston has scored for health services a total of 898 with nine points added for special activities, allowing a grand total of 907 of a possible 1,000 points. Unofficially it has been said that Boston stands at the head of the list of all cities in America. This, it has been further stated, is a remarkable score, without taking into account improvements that have been made in health service in Boston since the survey was made.

The "Graphic Survey" in commenting on some of the services in the cities scored states that "in Boston, special attention is given to the care of the pre-school child by both official and non-official agencies. Well-child conferences for children of pre-school age are held at the various health centers. An average of seven thousand services per month with emphasis on prophylaxis is being rendered at each unit, where the program includes pre-natal service, baby conference, prophylactic dentistry, serum therapy, posture, nutrition, mental hygiene, periodic health examinations and general health education. The Health Department has developed a plan which has received universal commendation whereby the three Grade A medical schools, Harvard, Tufts and Boston University, furnish the medical personnel which functions at the baby and pre-school age weekly conferences. The medical personnel in each instance is supervised by the professor of pediatrics of the respective schools and the City of Boston pays each medical school for that service rendered. This assures the babies of Boston a high type of pediatric service free from any inference of political preferment or placement. The medical schools in turn are availing themselves of the facilities presented by these conferences as a training opportunity for medical students. The department is now conducting thirty-one baby and pre-school age weekly conferences with an average attendance of thirty-seven babies and an average of eleven pre-school age children. A total of 114,657 home visits were made to babies and pre-school children during the eleven months

since the reorganization of the work under the Health Department. The nursing division is linked with the Simmons College Department of Public Health Nursing, whereby the students at this institution receive an opportunity for doing field work in child hygiene."

In a letter to Health Commissioner Mahoney, Dr. C. St. Clair Drake, field director, committee on municipal health department practice, says, "In handing you the tentative rating of the health services of the City of Boston, official and voluntary agencies, I am pleased to note that your city appears to be entitled to the extraordinary rating of 898 out of a possible 1,000 points, the latter representing perfection in standards as at present established. It is quite possible with additional information that the rating herein stated may be increased. Upon receipt of definite advice regarding Boston's water supply the final rating will be determined. With the information in hand at this time, confirmed by several authoritative agencies, it does not appear possible that it may be reduced. On behalf of the committee on municipal health department practice of the American Public Health Association, I take pleasure in expressing appreciation of your splendid co-operation in developing the information upon which this appraisal is so largely builded. This tentative rating is handed to you in order that you may carefully scrutinize the findings and then to inform us of your suggestions for corrections or of your approval of our findings. The committee will be pleased to have any suggestions or comments that you may have to offer."—*Boston Transcript*.

City of Boston, population, 770,400; grade school population, 126,624. Total points, 898+; live births, 19,020; still births, 610. Rated by Doctor Drake, August 14, 1925.

ACTIVITY.	Maximum Points.	Points Allowed.
Vital statistics.....	60	60
Communicable diseases control.....	175	159
Venereal diseases control.....	50	43
Tuberculosis diseases control.....	100	80
Health of the child.....	350	320
Sanitation: food and milk control; water; sewerage.....	175	154
Laboratory.....	70	65
Popular health instruction.....	20	17
	1,000	898
Special activities.....		9
Total maximum.....		907

SERVICE FOR TROPICAL DISEASES AT THE BOSTON CITY HOSPITAL.

The letter printed below was recently received from Dr. John J. Dowling, Superintendent of the Boston City Hospital. The list of diseases referred to in the letter is similar to that sent by the Department of Tropical Medicine at the Harvard Medical School, which is printed herewith, but is somewhat less complete. For example, yellow fever, cholera and smallpox are not included in the hospital list because the quarantine officials are responsible for these diseases.

DEAR DOCTOR,— I beg leave to call to your attention the inclosed notice regarding our special service for Tropical Diseases, and to point out that the new Out-Patient Department provides the service with enormously improved facilities for handling ambulatory patients.

Can you help us to promote the growth of the Service for Tropical Diseases by referring to it suitable ambulatory or bed patients for diagnosis or treatment?

It is believed that if most of the cases of the diseases enumerated on the inclosed list could be brought together, the resulting clinic would be of great value for teaching and that it could render important service to the individual and to the community.

Very truly yours,

JOHN J. DOWLING,
Superintendent.

DIAGNOSTIC SERVICE FOR TROPICAL AND EXOTIC DISEASES OF THE HARVARD MEDICAL SCHOOL.

In 1922 a notice was published about a new diagnostic service offered to physicians by the Department of Tropical Medicine of the Harvard Medical School. The purpose was to obtain material for teaching and to render service to the community through the physician. This work has been continued and the following statement is quoted from the original notice: "So far as the nature of the particular problem allows, final reports will be rendered on material sent to the Department of Tropical Medicine. When it is not practicable to make the diagnosis from material that can be sent, and the presence of the patient is necessary, unless the Health Department should deem it advisable to place the case elsewhere, the patient can be referred to the Service for Tropical Diseases at the Boston City Hospital, where the necessary examination will be made either in the Out-Patient Department Tuesday mornings or after admission to the ward beds of the Service for Tropical Diseases. The necessary diagnostic procedures will then be carried on either at the Boston City Hospital or at the Harvard Medical School through the agency of the Department of Tropical Medicine.

"A list of diseases in regard to which the Department of Tropical Medicine is prepared to advise as to prevention is appended.

"In a parallel column the appropriate laboratory methods of diagnosis are indicated.

"Physicians are invited to write or to telephone to the Department of Tropical Medicine for information about its diagnostic service or about the best methods of obtaining material for examination."

During the interval since 1922 the Department of Tropical Medicine has added to its staff Drs. Joseph Bequaert, entomologist, J. H. Sandground, helminthologist, and very recently, L. R. Cleveland, protozoologist.

TROPICAL AND EXOTIC DISEASES.

(Italicized diseases have been found in Massachusetts.)

SECTION I. PROTOZOAN DISEASES.

1. Malaria:
Tertian.
Subtertian.
Quartian.
2. Trypanosomiasis:
African sleeping sickness.
American trypanosomiasis.
3. Leishmaniasis:
Kala-azar.
Oriental sore.
American leishmaniasis.
4. *Amoebiasis.*
5. Infection with:
 - a. *Balantidium coli.*
 - b. *Giardia intestinalis* (lamblia).
 - c. *Trichomonas intestinalis* (cercomonas).
 - d. *Chilomastix mesnili.*
 - e. Other flagellates.

DIAGNOSTIC METHODS.

Examination of blood smears or fresh blood preparations.

Animal inoculations.
Examination of blood smears or fresh blood preparations.
Spinal fluid.

Animal inoculations.
Examination of scrapings from lesions.
Examination of sections of tissue.

Examination of fresh fæces for amoebae for cysts.

Examination of fresh fæces.
Examination of fresh fæces and cultures.
Examination of fresh fæces and cultures.
Examination of fresh fæces and cultures.
Examination of fresh fæces and cultures.

SECTION II. SPIROCHETAL DISEASES.

1. Yaws.
Examination with dark field of serum from lesions and of stained preparations.
2. *Relapsing fever.*
Examination of fresh blood preparations and stained smears.
Animal inoculations.
3. *Rat-bite fever.*
Dark field examination of fresh blood and of stained specimens.
Blood cultures taken.
4. *Infectious jaundice.*
Animal inoculations.
Agglutination test with patient's blood.
Urine examination for spirochaetes.

5. *Yellow fever.*

Animal inoculations.
Serum reactions.
Examination of fresh blood and stained preparations.

SECTION III. BACTERIAL INFECTIONS.

- | | |
|---|---|
| 1. Plague. | Examination of blood cultures and cultures from material from gland puncture.
Animal inoculations. |
| 2. Tularensen infection (deer fly fever). | Examination of cultures of blood and material from glands.
Animal inoculations. |
| 3. <i>Undulant fever</i> (Malta fever). | Examination of blood cultures.
Agglutination test. |
| 4. <i>Bacterial dysentery.</i> | Examination of cultures from fæces.
Agglutination test. |
| 5. <i>Cholera.</i> | Examination of cultures from fæces.
Agglutination test.
Pfeiffer's reaction. |
| 6. <i>Leprosy.</i> | Microscopical examination of nasal secretion and scrapings from lesions. |

SECTION IV. INFECTIONS OF UNKNOWN ETIOLOGY.

- | | |
|----------------------------------|---|
| 1. <i>Typhus fever.</i> | Agglutination reaction of Weil-Felix.
Pathological examination of skin biopsy. |
| 2. Rocky Mountain spotted fever. | Animal inoculations with blood. |
| 3. <i>Inguinal granuloma.</i> | { Examination of smears from lesions.
Examination of sections of tissues. |
| 4. <i>Tropical phagedena.</i> | |
| 5. Veldt sore. | |

SECTION V. MYCETOMA.

- | | |
|---------------------------|---|
| 1. <i>Madura Foot.</i> | { Microscopical examination of fresh and stained preparations from lesions.
Cultures from lesions. |
| 2. <i>Blastomycosis.</i> | |
| 3. <i>Sporotrichosis.</i> | |

SECTION VI. PARASITIC INFECTIONS.

- | | |
|--|---|
| 1. <i>Filariasis.</i> | |
| a. <i>Filaria bancrofti</i> (endemic elephantiasis). | Examination of fresh and stained blood preparations. |
| b. <i>Filaria loa</i> (diurna). | Examination of fresh and stained blood preparations. |
| c. <i>Onchocerca volvulus</i> (filaria volvulus). | Examination of fresh and stained blood preparations and of sections of lesions. |
| 2. <i>Distomiasis</i> (Fluke's). | |
| a. Paragonimiasis (endemic hemoptysis). | Examination of sputum for ova. |

- | | |
|---|--|
| b. Schistosomiasis. | |
| 1. <i>Schistosomum hematobium</i> (vesical bilharziasis). | Examination of urine or fæces for ova. |
| 2. <i>Schistosomum mansoni</i> (rectal bilharziasis). | Examination of fæces for ova. |
| 3. <i>Schistosomum japonicum</i> . | Examination of fæces for ova. |
| c. <i>Clonorchiasis</i> . | Examination of fæces for ova. |
| d. Other liver flukes. | |
| 1. <i>Fasciolopsis buski</i> . | Examination of fæces for ova. |
| 2. <i>Fasciola hepatica</i> . | Examination of fæces for ova. |
| 3. <i>Uncinariasis</i> (hookworm). | Examination of fæces for ova or parasites. |
| 4. <i>Tænia infections</i> . | |
| <i>T. Echinococcus</i> . | Examination of pathological material. Agglutination test. |
| <i>Diphilobothrium</i> (fish tapeworm). | { Examination of fæces for ova. Identification of parasites. |
| <i>T. Nana</i> (dwarf tapeworm). | |
| 5. <i>Strongyloides</i> . | Examination of fæces. |
| 6. Myiasis. | |
| Of nose. | Examination of discharges and identification of larvæ. |
| Of ear. | |
| Of gastro-intestinal tract. | |

SECTION VII. OTHER DISEASES OF INTEREST TO THE DEPARTMENT.

- | | |
|------------------------------------|---|
| 1. <i>Sporadic elephantiasis</i> . | 9. Chigger disease. |
| 2. <i>Heat-stroke</i> . | 10. Acarine dermatomycosis (Red bug, copra itch). |
| <i>Heat exhaustion</i> . | |
| <i>Siriasis</i> . | |
| 3. <i>Beriberi</i> . | 11. Oroya fever. |
| 4. <i>Scurvy</i> . | 12. <i>Verruga peruviana</i> . |
| 5. <i>Pellagra</i> . | 13. Japanese river fever (Tsutsugamushi fever). |
| 6. <i>Sprue</i> . | 14. Pappataci or Phlebotomus Fever. |
| 7. <i>Smallpox</i> . | 15. Black water fever. |
| 8. <i>Dengue</i> . | 16. Drachontiasis (Guinea-worm disease). |

THE SIGNIFICANCE IN DRINKING WATER OF BACTERIA WHICH PRODUCE A VIOLET COLOR IN CULTURES.

It has long been noted that in the bacteriological examination of specimens of drinking water laboratory cultures may show violet colored growths. The occurrence of such growths have never been regarded as important, but their frequent association with contaminated water has been noted. Doctor Calderini, assistant bacteriologist at the Municipal Department of Hygiene of Turin (Italy), has recently completed a study of these bacteria with the object of identifying and classifying them and of determining if their presence in samples of drinking water might have some practical significance with respect to the potability of the water. Doctor

Calderini found, from samples of water in Italy, five, and possibly seven, groups of bacteria capable of producing a violet color in laboratory cultures. These groups were differentiated by appearance and cultural peculiarities.

A sample of water in which any of the various groups of these bacteria are found should be regarded as suspicious from point of view of safety for drinking purposes, says Doctor Calderini. They are inhabitants of the soil near the surface and are washed out into drinking water with particles of the soil. Their presence in water practically indicates a mixture, at least, with recent surface drainage and consequent probable contamination with any pathogenic bacteria which might happen to be present within the drainage area.

— *Annali d'Igiene, Rome, September, 1925.*

TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING NOVEMBER, 1925.

CLASSIFICATION.	Number.	Percentage.
	November.	November.
After death.....	8	17.39
Seven days or less.....	5	10.87
Eight to fourteen days, inclusive.....	3	6.52
Fifteen to twenty-one days, inclusive.....	2	4.35
Twenty-two to thirty-one days, inclusive.....	1	2.17
WITHIN FIRST MONTH. (Total).....	19	41.30
Within second month.....	2	4.35
Within third month.....	3	6.52
Within fourth month.....	—	—
Within fifth month.....	2	4.35
Within sixth month.....	1	2.17
Within seventh month.....	1	2.17
Within eighth month.....	1	2.17
Within ninth month.....	2	4.35
Within tenth month.....	—	—
Within eleventh month.....	1	2.17
Within twelfth month.....	2	4.35
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	34	73.90
Within second year.....	4	8.70
Within third year.....	1	2.70
More than three years.....	7	15.22
Grand total.....	46	99.99

SURVEY OF THE QUALITY OF BOSTON MARKET MILK

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during November. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.62	3.80	61
Allen, Fred H.....	12.38	3.88	48
Antetomasso, Peter.....	12.81	4.18	9
Barron, Clarence W.....	13.85	5.03	8
Bergmann, John H.....	12.97	4.18	15
Bolio, William J.....	13.79	4.72	55
Brandley, T. J., & P. J.....	12.68	4.03	13
Casey, James D.....	14.00	4.95	17
Cashin, James F.....	12.63	3.95	16
Cedar Hill Farms.....	13.95	4.38	19
Chapin, George H.....	12.63	3.83	273
Childs Brothers.....	12.28	3.70	80
Clapp, Frank L.....	13.34	4.60	12
Clark, Levi.....	12.35	3.88	7
Converse, Marquis M.....	12.53	3.90	61
Corkery, John H.....	12.17	3.63	100
Crowell, Raymond.....	12.53	3.85	30
Cummings, F. S., Company.....	12.36	3.75	13
Cunningham, Paul.....	12.63	4.10	96
Cusick, William F.....	12.69	3.90	40
Deerfoot Farm Milk Company.....	12.63	4.01	18
Denehy, Timothy.....	12.78	4.15	21
Driscoll, William B., Company.....	12.42	3.72	13
Duggan Brothers.....	12.76	3.85	16
Edgerly, Frank S.....	12.38	3.87	19
Elm Spring Farm Milk Company.....	12.33	3.82	19
English, J., & Son.....	12.94	4.10	32
Ferguson, Malcolm D.....	12.89	3.98	147
Furbush, Almon J.....	12.98	3.97	17
Garfield, Mason.....	14.60	5.20	10
Garvin, Charles E.....	16.08	7.40	10
Giroux, J. E., & H. J.....	12.54	3.82	46
Griffin, Joseph L.....	12.77	3.87	11
Gushee, Chester W.....	12.50	3.63	39

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Hagar, J. M., & Son, Inc.....	12.55	3.73	18
Hancock, T. G., Company.....	12.80	4.18	10
Herlihy Brothers.....	12.65	4.00	17
Hickey, Martin J.....	12.44	3.87	24
Holden, John E.....	12.64	3.95	12
Holland, Cosgrove.....	12.08	3.75	24
Hood, H. P., & Sons, Inc.....	12.44	3.82	19
Howe, F. Esther.....	13.46	4.50	10
Hutchinson, Frank T.....	12.52	3.65	24
Jones, William T., Company.....	12.83	4.10	31
Kendall Brothers Company.....	12.74	3.95	193
Kennedy, Robert, Jr.....	12.77	3.92	75
Kingston, Samuel.....	13.63	4.73	24
Klawe & Freeman.....	12.89	4.03	35
Knapp, George J.....	12.81	3.90	84
Kozlofsky, Fedora.....	12.94	3.98	51
Lang Brothers.....	12.21	3.72	21
Larsson, Charles.....	12.40	3.93	18
Lincoln Farms, Inc.....	12.58	4.15	11
Lyndonville Creamery Association.....	13.06	4.30	110
Manning, Peter.....	12.29	3.75	101
Mapel Farm Milk Company.....	12.47	3.63	20
McAdams, John F.....	12.85	4.13	59
McKernan, John.....	12.76	4.15	37
Munchbach, George.....	12.26	3.68	17
Millwood Farms, Inc.....	12.35	3.90	15
Newton & Pope.....	12.80	4.03	32
Noble, William F., & Sons.....	12.93	4.18	12
Podren, Phillip.....	12.30	3.80	15
Robinson, Albert J.....	12.61	3.90	21
Robinson, J. A.....	13.81	5.22	30
Runkle, J. C.....	13.91	4.95	12
Schuster, Adam.....	13.08	4.10	15
Seven Oaks Dairy Company.....	12.51	3.90	17
Schick, Jacob.....	12.74	4.10	40
Somerset Farms.....	13.25	4.68	9
Sterling Farms Milk Company.....	12.43	3.77	13
Stone, Howard L.....	12.62	4.03	35
Stuart, Wallis E.....	12.55	3.90	11

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Sullivan, J. D.....	12.63	4.02	20
Sullivan, J. L.....	13.53	4.75	39
Sweet, Warren J.....	12.17	3.73	19
Turner Centre System, Inc.....	12.59	3.85	30
United Farmers' Co-operative Creamery Company.....	12.97	4.15	11
Vartanian, Gazar.....	12.34	3.70	80
Vartanian, Setrag.....	12.77	4.18	12
Walker-Gordon Laboratory Company.....	13.00	4.40	11
Ware, George H.....	12.63	3.90	17
Weiler, E., & Sons.....	12.45	3.83	14
Werner, F., Company.....	12.72	4.08	87
Westwood Farm Milk Company.....	12.27	3.80	14
White Brothers.....	12.70	3.98	11
Whittemore, Warner D.....	12.72	4.02	14
Whiting Milk Company.....	12.45	3.83	41
Wiswall, Granville A.....	12.35	3.83	16
Wittenberg & Co.....	12.99	4.18	47
Woodland, Charles L.....	12.49	3.85	13

CHAIN STORE MILK.

NAME OF DEALER.	Supplied by.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc....	12.44	3.95	38
The Cloverdale Company.....	Turner Centre System, Inc.,	12.63	3.95	30
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.97	4.24	13
Economy Grocery Stores Company.	Whiting Milk Companies...	12.41	3.88	31
The Ginter Company.....	United Farmers' Co-operative Creamery Company.	12.85	4.12	27
Morgan Brothers Company.....	Morgan Brothers Company,	12.85	4.10	14
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.42	3.70	30
M. Winer & Co.....	Hyman Winer.....	12.48	3.70	20

SUMMARY OF THE WORK, NOVEMBER, 1925.

BUREAU OF ADMINISTRATION.

	November.		November.
Prosecutions ordered	7	Permanent appointments	3
Legal notices	163	Temporary appointment	1
Personnel:		Salaries increased	8
Resignation	2	Leave of absence	1
		Proposal for repairs	1

LICENSES, PERMITS, ETC., ISSUED.

	November.		November.
Burial permits	1,088	Undertaker, licensed	1
Milk licenses	143	Lying-In Hospital approved	1
Pedlers' licenses granted	28	Denatured alcohol licenses	69
Hen licenses granted	19	Non-alcoholic beverage license,	1
Stable hearing	1	Manicure-Massage:	
Stable rights disapproved	1	Granted	40
Dumps approved	5	Revoked	1
Offensive trades	2		

MEDICAL DIVISION.

	November.		November.
Visits:		Medical inspectors' activities:	
By medical inspectors	1,066	Schick tests	43
By veterinarian	142	Schick readings	126
By investigators	233	Toxin-antitoxin injections	648
By nurses	2,422	Vaccinations	468
Cases brought to Boston for		Vaccination certificates	226
treatment	52	Deaths investigated	8
Nurses, Schick activities	817		

CHILD HYGIENE DIVISION.

NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF NOVEMBER, 1925.

	November.
New baby and pre-school home visits	1,899
Old baby and pre-school home visits	13,266
Total	15,165
Wrong address	163
Not seen	2,140
FEEDING:	
Breast	3,596
Formula	1,918
Formula and breast	959
Diet	6,389
Infant death investigation visits	88
Maternal death investigation visits	8
Special visits	61
Patients accompanied to hospitals	7

BABY CONFERENCES.

Number of conferences	87
Attendance	3,730
New babies	618

PRE-SCHOOL CONFERENCES.

Number of conferences	37
Attendance	368
New cases	138

	November.
Number poster classes	8
Attendance at poster classes	161
Number posture clinics	10
Attendance at posture clinics	137

HEALTH UNIT (17 Blossom Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	8
Number of persons given health and other information	250
City visitors	5
Out of city visitors	2
Routine medical inspection of adults (evening service)	15

DENTAL SERVICE:

Number of operations	1,242
Number of dismissals	223
Number of children treated	676

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by Medical Instructor:

Visits made by medical inspector in the district	70
Vaccinations performed by medical inspector	29
Number of vaccination certificates issued	25
Antitoxin, antityphoid and toxin antitoxin administered	5
Number of children examined for camps and day nurseries	10

Nurses' visits:

Communicable disease visits by nurses in district	267
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	8
Attendance at baby conferences	309
New babies at conferences	49
Number of preschool conferences	8
Attendance at preschool conferences	101
New cases at conferences	22
Home visits to babies and preschool children	1,790
Infant death investigation visits	5
Special visits	4
Number of posture classes	4
Attendance at posture classes	43

BOSTON DISPENSARY:

Calls by district physicians	42
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STATE DEPARTMENT MENTAL DISEASES:

Number of clinics	4
Attendance at clinics	8
Visits of worker	50

BOSTON SANATORIUM:

Calls made by nurses in the district	813
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COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	813
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JEWISH WELFARE CENTRE:

Number nutrition clinics	3
Attendance at clinics	10
Number of children examined at clinics	6

HEALTH UNIT (41 North Margin Street).

MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions	1
Number of persons given health and other information	150
City visitors	32
Out of city visitors	13

DENTAL SERVICE:

Number of operations	1,630
Number of dismissals	285
Number of children treated	716

EYE SERVICE:

New cases	52
Number of refractions	144
Number of revisits	92
Glasses prescribed	42
Re-examinations	2
Diagnoses given	6

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district	28
Vaccinations performed by medical inspector	45
Number of vaccination certificates issued	48
Antitoxin, antityphoid, Schick tests and toxin antitoxin administered	3

Nurses' visits:

Communicable disease visits by nurses in district	183
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences	7
Attendance at baby conferences	187
New babies at conferences	43
Number of preschool conferences	7
Attendance at preschool conferences	72
New cases at preschool conferences	25
Home visits to babies and preschool children	2,180
Infant death investigation visits	4
Special visits	5

BOSTON SANATORIUM:

Calls made by nurses in the district	246
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BOSTON LYING-IN HOSPITAL:

Pre-natal Clinic:

Number of clinics	3
Attendance	10
Home visits	160

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses	1,874
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BOSTON DISPENSARY:

Calls by district physician	12
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MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, NOVEMBER, 1925.

SYPHILIS.

Current cases under investigation November 1, 1925	32
New cases assigned during the month	17

DISPOSITION OF CASES.

Located:

Placed under treatment	8
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Not Located:

Search abandoned	21
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Under investigation November 30, 1925	20
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Total	<u>49</u>
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GONORRHEA.

Current cases under investigation November 1, 1925	106
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New cases assigned during the month	80
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Total	<u>186</u>
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DISPOSITION OF CASES.

Located:

Placed under treatment	49
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Further treatment unnecessary	66
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Not Located:

Under investigation November 30, 1925	71
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Total	<u>186</u>
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SUMMARY.

Current cases under investigation November 1, 1925	138
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New cases assigned during the month	97
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Total	<u>235</u>
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DISPOSITION OF CASES.

Located:

Placed under treatment	57
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Further treatment unnecessary	87
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Not Located:

Under investigation November 30, 1925	91
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Total	<u>235</u>
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New cases reported by number:

Gonorrhea	137
Syphilis	67
Total	<u>204</u>

Venereal disease complaints:

New cases	9
Under investigation November 30, 1925	15

Disposition of complaints:

Under treatment	6
Unable to locate	8
Under investigation November 30, 1925	10
Total	<u>24</u>

FOOD INSPECTION DIVISION.

MARKET, STORE AND RESTAURANT SERVICE.

	November.
New reports	4,424
Stores inspected	4,756
Sanitary defect remedied	75
Complaints at office	36
Referred to Sanitary Division	7
Milk applicants	128
Notices to abate nuisances	68

Peddlers:

Applications for licenses approved	25
Vehicles inspected and approved	487
Court cases	2
Convictions	2
Fines	\$10

Laboratory Examinations:

Bacteriological	4
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CONDEMNATIONS.

Meat:		Prunes	3,934 pounds
Bear meat	162 pounds	Vegetables:	
Beef	40 pounds	Barley	20 pounds
Broilers	11 pounds	Beans	5 bushels
Chicken	8 pounds	Canned vegetables	150 pounds
Fowl	15 pounds	Peas	20 pounds
Poultry	60 pounds	Tomatoes	1 can
Tongue	4 pounds	Spinach	14 cans
Tripe	4 pounds	Miscellaneous:	
Turkeys	1,720 pounds	Candy	1 pounds
Fish:		Coffee	8 pounds
Miscellaneous	431 pounds	Salt	20 pounds
Fruit:		Sugar	25 pounds
Grapes	540 pounds		

SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.			
Candy	1	Ham	1
Fish	1	Pork	1

LIVE STOCK INSPECTION (Brighton Abattoir).

	November.		November.
Cattle inspected	508	Parts condemned (lbs.)	618
Calves inspected	1,593	Animals condemned	7
Swine inspected	5,180		

DAIRY DIVISION.

	November.		November.
Total inspection	2,179	Inspections of milk plants and licensed dealers	330
Dairies inspected	426	Bacteriological examinations	470
Scoring above 50 *	293	High bacterial counts investigated	4
Scoring below	133	Country creamery inspections	16
With milk rooms	255	Sediment tests	927
Without milk rooms	171		
Inactive	6		
Total cattle inspected	5,694		

* Passable mark.

BUREAU OF MILK INSPECTION.

	November.		November.
Chemical inspection of:		Ice cream	84
Milk	1,319	Milk	614
Bacteriological examination of:		Vinegar	78
Butter	11	Court cases	15
Liquors	4	Fines	\$270

SANITARY INSPECTION.

	November.		November.
Original inspections	2,215	Complaints investigated	405
New reports	2,017	Court cases authorized	2
Reinspections	6,287	Fines	0
Legal notices served	163		

BACTERIOLOGICAL LABORATORY.

	November.
Diphtheria	870
Tuberculosis	268
Typhoid	42
Gonorrhea	707
Gonorrheal ophthalmia	65
Syphilis	1,202
Other examinations *	40
Bacteriological examinations of milk	614
Bacteriological examinations of ice cream	84

* Smear for Vincent's Angina, 1; malaria, 16; dark field, 4; feces for typhoid, 1; urine for typhoid, 1; tests for virulence, 1; water for organisms, 2; paratyphoids, 2; genito-urinary T. B. 10; smear for organisms, 1; spinal fluid for organisms, 1.

VITAL STATISTICS, NOVEMBER, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING NOVEMBER, 1925, WITH COMPARATIVE FIGURES FOR NOVEMBER, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	942	882	+60	14.43	13.63	+.80
Nonresidents deducted.....	776	718	+58	11.89	11.09	+.80
By AGE:						
Under one year.....	113	109	+4	1.73	1.68	+.05
One year to four years, inclusive.....	39	33	—6	.60	.51	+.09
Sixty years and over.....	386	358	+28	5.91	5.53	+.38
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	48	64	—16	.73	.99	— .26
Arteriosclerosis.....	25	35	—10	.38	.54	— .16
Heart disease.....	195	155	+40	2.99	2.39	+.60
Nephritis, chronic.....	62	50	—12	.95	.77	+.18
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,485	1,425	+60	22.75	22.01	+.74
b. Registered stillbirths.....	36	44	—8	.55	.68	— .13
Stillbirths per 1,000 births and stillbirths.....				29.09	29.95	— .86
c. Deaths of mothers from causes incident to childbirth.....	13	10	+3	.20	.15	+.05
Deaths of mothers per 1,000 births and stillbirths.....				8.55	6.81	+1.74
Deaths of children in first year of life...	113	109	+4	1.73	1.68	+.05
Deaths in first year per 1,000 live births,				76.09	76.49	— .40
VIOLENCE:						
Accidents.....	51	52	—1	.78	.80	— .02
Homicides.....	—	2	—2	—	.03	— .03
Suicides.....	16	11	+5	.24	.17	+.07
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	14	23	—9	.21	.36	— .15
Broncho-pneumonia.....	47	44	+3	.72	.68	+.04
Cancer.....	91	93	—2	1.39	1.44	— .05
Cirrhosis of the liver.....	8	4	+4	.12	.06	+.06
Diabetes mellitus.....	12	13	—1	.18	.20	— .02
Diarrheal diseases, children under two years of age.....	7	14	—7	.11	.22	— .11

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, NOVEMBER, 1925.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
		1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
COMMUNICABLE DISEASES:							
Anterior poliomyelitis.....	Cases..	7	4	+3	.11	.06	+.05
	Deaths.	1	—	+1	.015	—	+.015
Cerebrospinal meningitis.....	Cases..	1	—	+1	.015	—	+.015
	Deaths.	1	—	+1	.015	—	+.015
Diphtheria.....	Cases..	82	156	—74	1.26	2.41	—1.15
	Deaths.	12	11	+1	.18	.17	+.01
Influenza.....	Cases..	10	19	—9	.15	.29	— .14
	Deaths.	5	4	+1	.08	.06	+.02
Measles.....	Cases..	301	140	+161	4.61	2.16	+2.45
	Deaths.	3	6	—3	.05	.09	— .04
Pneumonia (lobar).....	Cases..	186	130	+56	2.85	2.01	+.84
	Deaths.	46	34	+14	.70	.49	+.21
Scarlet fever.....	Cases..	196	229	—33	3.00	3.54	— .54
	Deaths.	—	4	—4	—	.06	— .06
Tuberculosis (pulmonary).....	Cases..	147	112	+35	2.25	1.73	+.52
	Deaths.	53	38	+15	.81	.59	+.22
Tuberculosis (other forms).....	Cases..	14	24	—10	.21	.37	— .16
	Deaths.	8	8	—	.12	.12	—
Typhoid fever.....	Cases..	9	8	+1	.14	.12	+.02
	Deaths.	2	—	+2	.03	—	+.03
Whooping cough.....	Cases..	190	52	+138	2.91	.80	+2.11
	Deaths.	3	3	—	.05	.05	—

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (mid-year), based upon the federal census of 1920, has been used.

DO NOT DESTROY.

When you have no further use for this
Bulletin give it to someone else.

TO PHYSICIANS.

Have you attended any births during the calendar year 1925, or any previous year, wherein you failed to make a return of the births to the City Registrar?

The registration of births is of vital importance for its value to both the child and its parents, and for the record of your city in its standing among the cities of the country and the world with respect to its infant mortality rate.

There are many important instances where a birth certificate is found to be of value, especially in later life, and when it has not been reported much embarrassment is caused not only to the individual concerned but to the physician who was in attendance at the birth. We know that a birth certificate is necessary many times during life, and when we need it there is nothing that can replace it; it becomes invaluable. A birth certificate is requested in many cases, some of which are as follows:

Evidence of age on entering school; inheritance of property; proof of age, relationship, and legitimacy; proving of age of consent; marriage licenses (in some instances); passports; employment or working certificates; entrance into military, naval, and civil service, and often in private employment; in voting; jury service; administration or settlement of estates; relations of guardians and wards.

Full and Complete Birth Registration Insures a Lower Infant Mortality.

Doctor, look over your records of confinements and report to the City Registrar any births you have thus far failed to report this year. You will then be not only complying with the law, but fulfilling an obligation that is due the child, its parents, and the Commonwealth. If you have any doubt as to any such birth, mail a duplicate to the City Registrar, and so mark it.

FRANCIS X. MAHONEY, M. D., Health Commissioner.
EDWARD M. MCGLENEN, City Registrar.

LAW ON BIRTH REPORTING.

Chapter 46, General Laws, section 3: Every physician, or hospital medical officer registered under section 9 of chapter 112, shall keep a record of the birth of every child in cases of which he was in charge, showing date and place of birth, the name, if any, of the child, its sex, color, the name, age, birthplace, occupation and residence (including the street number, if any, and the ward number, if in a city) of each parent, the maiden name of the mother and the name of the physician or officer, if any, personally attending the birth. If the child is illegitimate, the name of and other facts relating to the father shall not be set forth except upon written request of both the father and the mother. Said physician or officer shall, within fifteen days after such birth, mail or deliver to the clerk or registrar of the town where such birth occurred, a report stating the facts herein above required to be shown on said record and also the said written request, if any; provided that if said report is not made within forty-eight hours after such birth, said physician or officer shall, within forty-eight hours, mail or deliver to said clerk or registrar a notice stating the date and place of birth, the street number, if any, the ward number, if in a city, and the family name, upon presentation to him of a certificate of the town clerk stating that any such birth has been duly reported, the town treasurer shall pay to such physician or officer a fee of 25 cents for each birth so reported.

Any physician or any such officer violating any provision of this section shall forfeit not more than twenty-five dollars.

APR 8 1927

